



7050 Eckstrom Ave.,
San Diego, CA 92111
Tel: (858) 278-7970

7202 Princess View Dr.,
San Diego, CA 92120
Tel: (858) 250-0972



Date of Application: _____

Elementary Application for Admission 2021 – 2022

STUDENT 1 INFORMATION:

GRADE APPLYING FOR: _____

First Name: _____ Last Name: _____

Ethnicity: _____ Date of Birth: _____

Name of School Last Attended: _____

Address: _____ Ph # _____ Fax # _____

Does your child have any special learning, speech, physical, medical, or behavioral needs? . Yes No
Explain: _____

Does your child have one of the following? If yes, please submit a copy.

IEP PLAN: Yes . No 504 PLAN: . Yes No

Explain: _____

Does your child have any allergies to food or medication? Yes No

Explain: _____

PARENT INFORMATION:

Father's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Father's email address: _____

Mother's Name: _____

. Address same as above or Separate Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Mother's email address: _____

Applicant lives with: Father Mother, Others, please list: _____

IN ORDER FOR BHA TO PROCESS THIS APPLICATION, ALL ITEMS MUST BE COMPLETED. A copy of the applicant's current and previous year's report card (not required for TK/KG) and birth certificate along with immunization record must be attached to this application. The applicant's parent, guardian, conservator or custodian must sign this application. **Please Note: Application & Resource Fees are NON-REFUNDABLE.**

X _____ Date: _____

SUBMISSION OF THIS FORM DOES NOT GUARANTEE ENROLLMENT



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STUDENT 2 INFORMATION:

GRADE APPLYING FOR: _____

First Name: _____ Last Name: _____

Ethnicity: _____ Date of Birth: _____

Name of School Last Attended: _____

Address: _____ Ph # _____ Fax # _____

Does your child have any special learning, speech, physical, medical, or behavioral needs? . Yes No
Explain: _____

Does your child have one of the following? If yes, please submit a copy.

IEP PLAN: Yes . No 504 PLAN: . Yes No

Explain: _____

Does your child have any allergies to food or medication? Yes No

Explain: _____

STUDENT 3 INFORMATION:

GRADE APPLYING FOR: _____

First Name: _____ Last Name: _____

Ethnicity: _____ Date of Birth: _____

Name of School Last Attended: _____

Address: _____ Ph # _____ Fax # _____

Does your child have any special learning, speech, physical, medical, or behavioral needs? . Yes No
Explain: _____

Does your child have one of the following? If yes, please submit a copy.

IEP PLAN: Yes . No 504 PLAN: . Yes No

Explain: _____

Does your child have any allergies to food or medication? Yes No

Explain: _____