



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: \_\_\_\_\_

## Middle-High School Application for Admission 2021 – 2022

**STUDENT 1 INFORMATION:**

**GRADE APPLYING FOR:** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's email address: \_\_\_\_\_

**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/transcript along with a disciplinary record for Middle and High School (not required for Kindergarten) and birth certificate 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: \_\_\_\_\_

Student's email address: \_\_\_\_\_

**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: \_\_\_\_\_

Student's email address: \_\_\_\_\_

**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: \_\_\_\_\_