



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: _____



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SUBMISSION OF THIS FORM DOES NOT GUARANTEE ENROLLMENT

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: _____