



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

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



2023 – 2024 BHA New Student Admission Application

In order for BHA to process this application, all items on this form **MUST** be completed. In addition, the following criteria need to be fulfilled:

1. A copy of the applicant's birth certificate.
2. A copy of the applicant's immunization records must be provided.
3. A copy of the applicant's current and previous year's report card/transcript (not required for TK/KG).
4. For Middle and High School, the standardized test results and disciplinary record is also required. These may be emailed to admissions@issdweb.org
5. Submit the non-refundable application processing fee of \$125 per student
6. An admission test will be scheduled for the applicant after requirements 1-5 have been met, and after the priority re-enrollment period of returning students has ended.
7. Please bring your child to the admission test (on scheduled date) when you receive the notification from us.

SUBMISSION OF THIS FORM DOES NOT GUARANTEE ENROLLMENT

Students will be selected based on their academic standing and behavioral history. In addition, the following factors may be considered:

- 1) Child of BHA Staff member
- 2) Child has sibling currently registered at BHA
- 3) Date of Application

Students who pass the initial screening and admissions test, but do not get selected once the class has reached maximum capacity, will be placed on a waiting list. Parents will be notified if and when a seat becomes available.



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Date of Application: _____

2023 – 2024 BHA New Student Application

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: _____

☐ (Please initial) I acknowledge that failure to disclose a known IEP or special need may result in the dismissal of the student.

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

Explain: _____

PARENT INFORMATION:

Mother's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Mother's email address: _____

Father's Name: _____

☐ Address same as above or Separate Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Father'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 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 Fees are NON-REFUNDABLE.

X

Date: _____

SUBMISSION OF THIS FORM DOES NOT GUARANTEE ADMISSION



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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: _____

☐ (Please initial) I acknowledge that failure to disclose a known IEP or special need may result in the dismissal of the student.

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: _____

☐ (Please initial) I acknowledge that failure to disclose a known IEP or special need may result in the dismissal of the student.

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

Explain: _____

SUBMISSION OF THIS FORM DOES NOT GUARANTEE ADMISSION