

www.bayfrontcharter.com

NEW STUDENT

Please return application:

In person: 830 Bay Blvd. Chula Vista, CA 91911

Or by email: bayfrontcharter@gmail.com

Please do not fax application

Application Deadline is Friday, January 12th, 2024

This application	is for:				
9 th Grade	10 th Grade	11 th Grade	12 th Grade		
STUDENT INFO	RMATION				
Last Name		First Na	me	Middle Initial	
Address		City		Zip Code	
Date of Birth:	Curre	ent Grade:	Current School:		
Siblings at Bayfro	nt Charter or Mueller Ch	narter:			
Family members	working at Bayfront Cha	rter or Mueller Char	ter:		
FAMILY INFORM	IATION:				
Parent/Legal Guardian #1			Current Email Addre	SS	
Address		City		Zip Code	
Home Phone	Wo	ork Phone	Cell Phone	Cell Phone	
Parent/Legal Gu	ardian #2		Current Email Addre	ess	
Address		City		Zip Code	
Home Phone		ork Phone	 Cell Phone	 	

The following are characteristics of successful participants for Bayfront Charter High School:

- Have a strong work ethic and is serious about learning
- Consistently strives to achieve at high levels in most curriculum areas
- Have a good record of regular and consistent school attendance
- Be a good citizen in school and in the community
- Demonstrate potential as a positive leader

Please submit application in person or by email

Bayfront Charter High School Selection Process

- *Families will be notified through email or by mail if they have been accepted into Bayfront Charter High School for the 2024-25 school year.
- *If Bayfront Charter High School receives more applications than there are spaces available in a grade, a single lottery will be held to determine admission. Applicants who have not been chosen will be placed on a wait list until the next lottery.

Signature of Parent or Guardian

I certify that the information on this application is true and correct. I understand that Bayfront Charter High School can deny or revoke my child's admission/enrollment if any information is found to be incorrect or inaccurate.

I also understand that Bayfront Charter High School is a charter school, and by signing this application, upon admission, we agree to learn and abide by all policies and procedures described in the Student Handbook.

Signature	Print Name	Date

THIS APPLICATION IS FOR THE 2024-25 SCHOOL YEAR ONLY INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

FOR OFFICE USE ONLY:						
Application Complete	e 🗌 Date:	Staff Initials:	Counselor Initials:			
Accepted	Notified	Received registration packet	Registration Complete 🗌			