

BLACKBEAR BOSIN ACADEMY APPLICATION

2009 – 2010



INSTRUCTIONS

- Application must be completed by the parent/guardian
- Please print or type this form and complete all information
- One application is required for each student
- Students are not required to apply by a deadline
- Students will be contacted by the Blackbear Bosin Academy principal regarding the status of their application

For Office Use Only

Date Received	_____
Interview Date	_____
Attendance Requested	_____
Attendance Received	_____
Interview Notes	_____

RETURN COMPLETED APPLICATION DIRECTLY TO:

BLACKBEAR BOSIN ACADEMY

Grades 7, 8, 9

6123 E. 11th

Wichita, KS 67208

Office: 973-2600 Fax: 973-2639

STUDENT INFORMATION

STUDENT LEGAL NAME: Last _____ First _____ Middle _____	DATE OF BIRTH: _ / _ / _	SS or ID #: _ - _ - _ - _ - _ - _
PREFERRED NAME: Last _____ First _____ Middle _____ <i>(if different than legal)</i>	CURRENT AGE: _	GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>
HOME ADDRESS: Street/Apt # _____ City _____ State _____ Zip Code _____	HOME PHONE: () _____	
TRANSPORTATION OR CHILD CARE ADDRESS: <i>(if different than home address)</i>	PHONE: () _____	
2009-2010 GRADE LEVEL: _____	CURRENT SCHOOL: _____	BASE SCHOOL ASSIGNMENT FOR 2009-2010 <i>(if known):</i> _____
ESOL PROGRAM: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(English as a 2nd language)</i>	STUDENT'S PRIMARY LANGUAGE: English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	SPECIAL EDUCATION: Yes <input type="checkbox"/> No <input type="checkbox"/>
RACE: <i>(check only one)</i>	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black Not Hispanic Culture
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White Not Hispanic Culture
		<input type="checkbox"/> Hispanic (Spanish Culture)
		<input type="checkbox"/> Multi Racial

FAMILY INFORMATION

PUPIL LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other		
FATHER/GUARDIAN NAME: First _____ Last _____	EMPLOYER: _____	DAY PHONE: () _____
MOTHER/GUARDIAN NAME: First _____ Last _____	EMPLOYER: _____	DAY PHONE: () _____
STEP-PARENT/GUARDIAN NAME: First _____ Last _____	EMPLOYER: _____	DAY PHONE: () _____
ADDITIONAL CONTACT PERSON: First _____ Last _____	RELATIONSHIP: _____	DAY PHONE: () _____
PARENT E-MAIL ADDRESS: <i>(please print clearly)</i>	_____	

REASON FOR APPLYING: Please explain why you would like to attend Blackbear Bosin Academy.

PARENT/GUARDIAN SIGNATURE: A parent or guardian must sign this application for it to be valid.

Parent/Guardian Signature _____

Date _____

BUS TRANSPORTATION NOT PROVIDED FOR STUDENTS WHO LIVE WITHIN 2.5 MILES OF BOSIN ACADEMY