



2022-2023 OPEN ENROLLMENT INFORMATION

STUDENT INFORMATION

Student name	Age	Birthdate M/D/Y	Grade Entering

PARENT/GUARDIAN INFORMATION

Name: _____ Phone Numbers: _____

Email: _____ Relation to Child: _____

Physical Address: _____

Mailing Address: _____

WEIGHTED LOTTERY INFORMATION, (OPTIONAL IF APPLICABLE)

Should more registrants apply than there is a capacity to enroll, the school will conduct a public lottery on the first Saturday in March. Parents/Guardians of students who are selected in the lottery shall complete an enrollment package and submit the completed information to the school within 10 business days of notification. We appreciate your interest and look forward to providing an outstanding education for your child.

Baconton Community Charter School uses a weighted lottery for Educationally Disadvantaged Students in accordance with O.C.G.A. 20-2-2-66 (a)(1)(A). To receive an increased chance for admission, please review your eligibility for any of the following that apply to the applicant AND CHECK THOSE THAT APPLY.

____ Students who are economically disadvantaged (Qualifies for Free and Reduced Lunch, federal benefits [ex: SNAP, FDPIR, or TANF Cash Assistance], or are below the poverty line)

____ Students with disabilities (Eligible for and receive services under IDEA)

____ Limited English proficient students (Eligible for services and English Language assistance)

____ Neglected or delinquent students (Adjudicated delinquent or determined to be neglected by a juvenile court)

____ Homeless students (Lack of a fixed, regular, and adequate nighttime residence as defined by McKinney-Vento)

I affirm that the information contained in this application is, to my knowledge, completely true.

Parent/Guardian Signature: _____ Date: _____

Please return the completed form by Friday, March 4th at 12:00 noon.

**(IF YOU DO NOT RECEIVE AN EMAIL CONFIRMATION, PLEASE
CONTACT PAM SANGSTER, SCHOOL REGISTRAR)**

Fax: 229-787-0077

Email: psangster@bccsblazers.org

Mail: BCCS

260 E Walton St

Baconton, GA 31716

BCCS Office Use Only

Date Received: _____

Received By: _____

FAX: _____ MAIL: _____ EMAIL: _____

IN PERSON: _____