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**OPEN ENROLLMENT INFORMATION/Post Lottery**

**STUDENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student name** | **Age** | **Birthdate**  **MM/DD/YY** | **Grade Entering** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PARENT/GUARDIAN INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WEIGHTED LOTTERY INFORMATION, (OPTIONAL IF APPLICABLE)**

**This information is not needed if applying after the Spring Lottery**

*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 application to:

BCCS Office Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Baconton Community Charter School***

***260 East Walton Street***

***Baconton, Georgia 31716***