



APPLICATION FOR ADMISSION

Today's Date: _____

Desired Date of Admission _____

Desired Grade _____

[Fillable PDF form]

Email Application To:
ADMISSIONS@BAYHILLHS.ORG

Mail Application To:
BAYHILL HIGH SCHOOL
521 BODEN WAY,
OAKLAND, CA 94610

STUDENT INFORMATION

Name of Student _____

Prefers to Be Called _____

Grade _____ Age _____

Date of Birth _____ Place of Birth _____

In Family, Child is # _____ of _____ Children

If adopted, at what age did child join your family? _____

Gender _____ Ethnicity _____

PHOTO

If emailing application:
Please include current photo as attachment to PDF

If mailing application:
Please attach current photo of your child
HERE

Student lives with (check all that apply):

Both Parents Father 1 Father 2 Mother 1 Mother 2 Stepfather Stepmother

Other (please explain) _____

Family situation (check all that apply):

Parents married Parents separated Parents divorced Mother deceased Father deceased

If parents are divorced or separated, what is the custodial arrangement? _____

With whom should we communicate about your child's application? _____

Brothers and sisters (names and ages of each) _____

Bayhill High School prohibits discrimination against any person—applicant, student, employee, or candidate for employment—on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, disability, or age.

ACADEMIC INFORMATION

At what age did your child begin school? _____ What grades, if any, were repeated? _____

Does your child have a current IEP? _____ If so, please include with application.

Name of School Previously Attended: _____ Grades attended: _____

Reason for leaving: _____

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List any special services received (Academic tutoring, Speech and Language, Occupational Therapy, Counseling, and Special Education Services):

Type of Service: _____ Provider: _____

Purpose: _____ Date Provided: _____

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Purpose: _____ Date Provided: _____

Please list the most recent testing administered to your child

Psychoeducational: Date given: _____ Examiner: _____

Speech/language: Date given: _____ Examiner: _____

Other Assessments: Type: _____

Date given: _____ Examiner: _____

Describe the applicant's current difficulties and/or dissatisfaction with current placement: _____

DEVELOPMENTAL INFORMATION

Has your child ever been asked to leave a school? Yes No If yes, please explain: _____

When did you first observe a learning problem with your child? _____

When was your child first diagnosed with a learning disability and/or attention issues, and by whom? _____

What is your child's diagnosis? _____

Has your child ever been in a residential treatment program? Yes No

If yes, which one and when? _____

Has your child ever been in a therapeutic/wilderness program? Yes No

If yes, which one and when? _____

Has your child ever faced disciplinary action for drugs/alcohol? Yes No

If yes, please explain: _____

Has your child ever been hospitalized for psychiatric reasons? Yes No

If yes, please explain: _____

Has your child ever been suspended/expelled from school? Yes No

If yes, please explain: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____ Parent/Guardian Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____ Work Phone _____ Email Address _____

Profession _____ Place of Employment _____ Profession _____ Place of Employment _____

HEALTH INFORMATION

General health Good Fair Poor

Please list any specific health issues _____

Does your child have a history of any of the following?

- | | | | | |
|--|-----------------------------------|---|--|---|
| <input type="checkbox"/> Constant Colds | <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches | <input type="checkbox"/> Respiratory Infections | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Tonsils | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Dizziness/Fainting Spells | <input type="checkbox"/> Bladder Problems |
| <input type="checkbox"/> Abdominal Pains | <input type="checkbox"/> Seizures | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Accidents/Broken Bones | <input type="checkbox"/> Other* |

If other, please explain _____

Is your child currently taking any medications? Yes No If yes, please list below:

Medication	Dosage	Times per day	Condition	Supervising Physician

FINANCIAL INFORMATION

Would your child require a scholarship or financial aid to enroll at Bayhill? Yes No

Are you seeking School District funding for this placement? Yes No If yes, please explain where you are in the process? _____

How did you learn about Bayhill? Internet Search Print Ad Referred by/other: _____