

Beacon Charter High School for the Arts
Application for Admission Lottery

Grade Applying For: _____ **School Year Applying for:** _____

Name: _____ Date of Birth _____
Last First Middle

Address: _____
Street City/Town State Zip Code

Gender: male _____ female _____ Home Phone: _____ Home Language: _____

Race/Ethnic Origin: (information only, not lottery criteria, please circle only one)

American Indian/Alaskan Native White Asian/Pacific Islander African American Hispanic

Art Choice: (Please circle your first choice) Visual Theater Culinary

Schools your child has attended (list current school first):

School Location

School Location

Parent/Guardian with whom the student resides:

Name: _____ Relation to child: _____
Last First

Work Phone: _____ Ext. _____ Cell Phone: _____

Second Parent/Guardian Information:

Name: _____ Relation to child: _____
Last First

Address: _____ Home Phone: _____
Street City/Town State Zip Code

Work Phone: _____ Ext. _____ Cell Phone: _____

Sibling Information:

Does the above applicant have a brother or sister in this school? _____ Yes _____ No

If yes, please provide sibling name: _____

Is there a sibling applying on a separate application? _____ Yes _____ No

If yes, please provide sibling name: _____

Parent/Guardian Signature: _____ **Date:** _____

To be filled in by the school

Date Received/ Postmarked: _____ Signature: _____