



Please Attach 2 forms of proof of residence.

Application for Admission 2024-2025

**All applications must be submitted by February 16, 2024 at 4:00pm
 Lottery will be held at Baystate Academy on March 7, 2024 5:00 p.m.**

Applicant Information

Full Student Name:		
Date of birth:	Age:	Current School:
Current address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
E-Mail:		
Does this applicant have a sibling already enrolled at BACPS? Yes or No		If so student name?
Gender: Female / Male / Non-Binary (Please Circle One)	Grade Applying For:	6 7 8 9 10 11 12 (Please Circle One)

Parent / Guardian Information (A)

Name:		
Relationship to student:	Cell Phone:	
Address:	Home Phone:	
City:	State:	Zip Code:
E-Mail:	Does Parent A live with child? Yes or No (Please Circle)	

Parent / Guardian Information (B) (Optional)

Name:		
Relationship to student:	Cell Phone:	
Address:	Home Phone:	
City:	State:	Zip Code:
E-Mail:	Does Parent B live with child? Yes or No (Please Circle)	

Baystate Academy Charter Public School does not discriminate on the basis of race, color, national origin, creed or religion, sex, gender identity, ethnicity, sexual orientation, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in the English language or a foreign language, or prior academic achievement. Any and all information requested in the application, such as language spoken at home or race/ethnicity, is not intended, and will not be used, to discriminate. This application will be on file at Baystate Academy for seven (7) years from the lottery date after which will be destroyed. Applicants not admitted are allowed to receive a copy of the application upon request.

_____ No, I would not like my child's name read during the public lottery. I would like to receive my child's anonymous number and for it to be read during the public lottery.

Parent Guardian Signature: _____ Date: _____