Please Attach 2 forms of proof of residence.



Application for Admission 2025-2026

All applications must be submitted by February 14, 2025 at 4:00pm

Lottery will be held at Baystate Academy on March 6, 2025 5:00 p.m.

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  Gender: Female / Male / Non-Binary (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 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 moe, color, national origin, creed or religion, sex, gender identity, sexual orientation, mental or physical disability, age, ancestry, athretic performance, special nead, proficiency in the Engli Inaquage or a for academic achievement. Any and all information requested in the application, such as language spoken at home or racae'sthinicity, is not intended, and will not be used, to discriminate. This application, will be on file at Baystate Academy y 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 anonymous number and for it to be read during the public lottery.	Applicant Information						
Current address:  City: State: Zip Code:  Home Phone: Cell Phone: Work Phone:  E-Mail:  Does this applicant have a sibling already enrolled at If so student name?  Gender: Female / Male / Non-Binary (Please Circle One) For: (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 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, reed or religion, sex, gender identify, ethnicity, sexual orientation, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in the Englia Inanguage or a foreign language, or prior academic achievement. Any and all information requested in the application will be on the ast palsquage 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 vseven (7) years from the lottery date after which will be destroyed. Applicants not admitted are allowed to receive an copy of the application will be on file at Baystate Academy vseven (7) years from the lottery date after which will be destroyed. Applicants not admitted are allowed to receive my child's	Full Student Name:						
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 In a sibling and yes or a foreign language, or prior academic achievement. Any and all information requested in the application, sibling as language environ enrolled enrolled at BACPS? Yes or Mo In a sibling and yes or a foreign language, or prior academic achievement. Any and all information requested in the application will be on the allegator or the english and years or a foreign language or prior academic achievement. Any and all information requested in the application will be on the application will be destroyed. Applicants not admitted are allowed to receive a	Date of birth: Age:			Current School:			
E-Mail:  Does this applicant have a sibling already enrolled at If so student name?  Gender: Female / Male / Non-Binary (Please Circle One)  Parent / Guardian Information (A)  Name:  Relationship to student:  Address:  City:  State:  Zip Code:  Parent / Guardian Information (B) (Optional)  Name:  Relationship to student:  Cell 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 Englia Ianguage 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 office a Baystate Academy y seven (7) years from the lottery date after which will be destroyed. Applicants not admitted are allowed to receive a copy of the application  No, I would not like my child's name read during the public lottery. I would like to receive my child's	Current address:						
E-Mail:  Does this applicant have a sibling already enrolled at BACPS? Yes or No name?  Gender: Female / Male / Non-Binary (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:  Lell Phone:  Address:  Relationship to student:  Cell Phone:  Address:  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 Englic 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 of file at Baystate Academy 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	City:	State:			Zip Code:		
Does this applicant have a sibling already enrolled at BACPS? Yes or No  Gender: Female / Male / Non-Binary (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:  Cell Phone:  Address:  Home Phone:  City:  State:  Zip Code:  E-Mail:  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 Englia 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 is on file at Baystake Academy 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	Home Phone:	Cell Phone:				Work Phone:	
BACPS? Yes or No  Gender: Female / Male / Non-Binary (Please Circle One)  Parent / Guardian Information (A)  Name:  Relationship to student:  City:  State:  Does Parent / Ive with child? Yes or No (Please Circle)  Parent / Guardian Information (B) (Optional)  Name:  E-Mail:  Cell Phone:  Address:  Lose 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:  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 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	E-Mail:						
Parent / Guardian Information (A)   Name:   Relationship to student:   Cell Phone:   Address:   Home Phone:     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:   Cell Phone:   Cell Phone:     Cell Phone:     Cell Phone:     Cell Phone:     Cell Phone:     Cell Phone:     Cell Phone:     Cell Phone:     Cell Phone:   Cell Phone:     Cell Phone:   Cell Phone:     Cell Phone:   Cell Phone:     Cell Phone:   Cell							
Relationship to student:  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 Englis 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 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	(Please Circle One)			For:		(Please Circle One)	
Relationship to student:  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 Englis 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 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	Parent / Guardian Information (A)						
Address:  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:  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 Englis 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 f 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	Name:				,		
City:  E-Mail:  Does Parent A live with child? Yes or No (Please Circle)  Parent / Guardian Information (B) (Optional)  Name:  Relationship to student:  Address:  City:  State:  Zip Code:  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 Englis 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 discrimination requested in the application, such as language 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	Relationship to student:			Cell Phone:			
E-Mail:  Does Parent A live with child? Yes or No (Please Circle)  Parent / Guardian Information (B) (Optional)  Name:  Relationship to student:  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 Englis 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 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	Address:				Home Phone:		
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Relationship to student:  Address:  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 Englis 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 if 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	E-Mail:				Do		
Relationship to student:  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 Englis 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 f 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	Parent / Guardian Information (B) (Optional)						
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Parent Guardian Signature: Date:	Parent Guardian Signature:		_			Date:	