

Student Application Form

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ E-mail Address: _____

Student ID #: _____ Home Community: _____ Birthdate: (D/M/Y) _____

Are you a returning graduate? YES ☐ NO ☐ Sex: Male ☐ Female ☐

Highest Grade completed: _____ School Records can be found at: _____

Number of High School credits? _____

Education

Recommended Courses: _____

Start Date: (D/M/Y) _____ End Date: (D/M/Y) _____

Emergency Contact Information

Please list a contact person in case of emergency.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Health Problems or Allergies: _____

Motivation

In a brief paragraph, describe why you have decided to return to school (you may continue on the back of this application form).

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the program at BAHS, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: (D/M/Y) _____