## **BULLIS CHARTER SCHOOL ENROLLMENT APPLICATION — 2026-2027**

BCS is a free public charter school open to any student in California in grades TK-8. BCS meets the needs of all students regardless of ability level or learning needs including Special Education, Gifted & Talented, and English Language Learners.

Please note: Information on this form may be shared with the Santa Clara County Office of Education, BCS's chartering agency.

STUDENT INFORMATION					
Name:			· · · · · · · · · · · · · · · · · · ·	☐ Male	☐ Female
Current Grade (if applicabl	e): Grade i	n 2026-2027: _	Birth	idate:	<del></del>
Residential Address:					
\$	Street		City	Zi <sub>l</sub>	0
Current School:		School Distri	ct of Resider	nce:	
	PARENT/GUAR	RDIAN INFOR	MATION		
Parent #1/Guardian Name:			E-mail:		
Work Phone:	Cell Phone:		Home	e Phone:	
Address (if different from Student R	esidential Address):				
·	, -	Street		City	Zip
Parent #2/Guardian Name:			E-mail:		
Work Phone:	Cell Phone:		Home	e Phone:	
Address (if different from Student R	Pesidential Address):				
Address (if different from Student R	coldeniidi Addressy	Street		City	Zip
Do you have other children currentl	y attending Bullis Cha	rter School?	No ☐ Yes		
Child's Name:				Grade:	
Is either parent/guardian a BCS sta	ff member? ☐ No ☐	Yes			
	Eligibility for Free a	and Reduced	Price Meals	<b>S</b>	
When there are more registrants the determined by a public random draw preference in the BCS lottery to impindicate below if this student is eligi	an spots for a specific wing ("the lottery"). The rove chances for child	grade level, en e Santa Clara C Iren who qualify	rollment in Bu ounty Board of for free and i	llis Charter So of Education he reduced-price	nas authorized a
☐ CalFresh (Supplemental Nutrition	on Assistance Progran	n) 🗌 CalWC	RKS (Tempo	rary Assistanc	e for Needy Families)
☐ Medi-Cal (California Medicaid F	Program) 🗆 CDE Fr	ee and Reduce	d-Price Meal I	Program — <i>Pi</i>	ease attach with form
The undersigned declares that the and any other information provide Additionally, you agree to provide the residence or other program e change occurs, you acknowledge	ed in the application e any and all support ligibility for this child	is true and co ing document d. If staff canno	rrect to the b ation request ot verify stud	est of your k ted by the sc ent residenc	nowledge. hool staff to verify e or status, or if a
Parent/Guardian Signature			· · · · · · · · · · · · · · · · · · ·	Date	