

**Lake Washington School District #414**  
**BEST HIGH SCHOOL APPLICATION**

**Submit the completed application to:**

**BEST High School**  
**10903 NE 53<sup>rd</sup> Street**  
**Kirkland, WA 98033**

Phone (425) 828-3289 Fax (425) 828-3293  
Website: [www.lwsd.org/best](http://www.lwsd.org/best)

**Office Use Only**

Date Received: \_\_\_\_\_

Appl. to Principal: \_\_\_\_\_

**SECTION I**

Student Name: \_\_\_\_\_ Home School: \_\_\_\_\_  
Last First

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:**

**Application will be reviewed** when all of the following items are received:

1. Obtain an application form from: (1) the BEST High School main office; (2) Download from BEST High School Website; (3) the student's home school. Student and parent/guardian fill out Section I, II, V and VI and sign the application.
2. Submit the application form to BEST High School Office or the home school counselor. Current High School Counselor, Teacher or Administrator fill out Section III and BECCA Coordinator fill out Section IV – also attach and/or check the appropriate box(es) below.

- |   |  |
|---|--|
| <input type="checkbox"/> Current Transcript                         | <input type="checkbox"/> Current IEP & Evaluation Report |
| <input type="checkbox"/> WA State Immunization (If out of District) | <input type="checkbox"/> Current 504 Plan                |
| <input type="checkbox"/> WASL Test Scores                           | <input type="checkbox"/> Fines/Fees                      |

3. Indicate if you are interested in: **Day Classes** \_\_\_\_\_ **Night Classes** \_\_\_\_\_

**SECTION II**

Student Name \_\_\_\_\_ Birth date : \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Middle

Student Address: \_\_\_\_\_ Phone: \_(\_\_\_\_)\_\_\_\_\_  
Street

\_\_\_\_\_ Cell Phone: \_(\_\_\_\_)\_\_\_\_\_  
City State Zip

Parent Name: \_\_\_\_\_ Work Phone: \_(\_\_\_\_)\_\_\_\_\_  
City State Zip

Parent Address: \_\_\_\_\_ Cell Phone: \_(\_\_\_\_)\_\_\_\_\_  
Street

\_\_\_\_\_ Home Phone: \_(\_\_\_\_)\_\_\_\_\_  
City State Zip

Parent email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_(\_\_\_\_)\_\_\_\_\_

Home School: \_\_\_\_\_ Grade: \_\_\_\_\_

Are you interested in the Teen Parent Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attended BEST before? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Are you currently in school? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, where? \_\_\_\_\_

List all secondary schools you have attended. If not in school, what have you been doing for the last 6 month?

\_\_\_\_\_

Are you currently working? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, where? \_\_\_\_\_

Work Phone:\_(\_\_\_\_)\_\_\_\_\_

**SECTION III Counselor's, Teacher's or Administrator's Statement** (from last school attended)

1. Length of time known or observed student: \_\_\_\_\_

2. Student strengths (Academic/Personal/Extracurricular): \_\_\_\_\_

3. Student weaknesses (Academic/Other): \_\_\_\_\_

4. Has this student been suspended or expelled for safety or security reasons (theft, harassment, weapons, drugs, violence) ? \_\_\_Yes \_\_\_No

Date(s)\_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

5. When is this student eligible to re-enroll in school? Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION IV BECCA Coordinator**

Has this student ever been a BECCA student? \_\_\_\_\_

\_\_\_\_\_

BECCA Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



