

**SANTA MONICA OR MALIBU RESIDENTS ONLY**

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**SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT  
INTRADISTRICT OPEN ENROLLMENT APPLICATION**

**K-12**

**INSTRUCTIONS:** (1) *Complete the application (one for each student)*

(2) *Submit to: Student Permit Office*

*1651 Sixteenth Street, Santa Monica CA 90404*

**DEADLINE: BEFORE MAY 31, 2008**

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Student's Name \_\_\_\_\_ Grade: September 2008 \_\_\_\_\_ Birthdate \_\_\_\_\_

Do you have a sibling(s) enrolled in a school in the Santa Monica-Malibu USD? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of sibling \_\_\_\_\_ School site \_\_\_\_\_

Name of sibling \_\_\_\_\_ School site \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

School of Residence \_\_\_\_\_ School Presently Attending \_\_\_\_\_

Circle One: American Indian/ Alaskan Native    Asian    Black    Filipino    Hispanic    Pacific Islander    White, non Hispanic

I wish to make an application for my child to attend \_\_\_\_\_  
School under the Open Enrollment Program.

MY CHILD IS CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES: Yes \_\_\_\_\_ No \_\_\_\_\_

**ALL REQUESTS FOR ADMISSION WILL BE HANDLED ON A RANDOM, UNBIASED BASIS AND APPROVAL WILL BE BASED ON AVAILABLE SPACE AND RACIAL/ETHNIC BALANCE AT THE REQUESTED SCHOOL**

1. Students residing within a school's attendance area shall have **first priority** for attending that school.
2. Once enrolled in a school through the Open Enrollment Program, students living outside the school's attendance area shall be considered to be residing in the school's attendance area. This includes the entire family. All subsequent siblings may enroll at that school.
3. Students placed in any school requested through this Open Enrollment Program will no longer have first priority rights to enroll in the school of the attendance area in which they reside. Students who wish to return to the school in which they reside may apply for such enrollment without first priority rights.
4. Students will be selected as a family unit if space is available.
5. Special Education students will continue to be placed through the Individual Education Plan Committee process on a space availability basis. Applications will be referred to the Special Education Department

**Notification of Acceptance:** This application be processed and parents will be notified, in writing, regarding the random selection results

*Parents are required to confirm their enrollment within two weeks after date of notification.*

**I have read and understand the statements on this application and certify that all of the information I have provided is correct.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian



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Fecha

Firma del Padre/Guardián

rev. 02/21/08