

DATE _____

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
1651 Sixteenth Street, Santa Monica CA 90404 M (310) 450-8338, Ext. 375/226/208

_____ **WAITING LIST INFORMATION**
School Year 2008-2009

Student's Name _____
_____ *Last* _____ *First*

Parent's Name _____
_____ *Last* _____ *First*

Address _____

Phone(s) Home () _____ *Reason for Permit:*
Work () _____ Parent Employment:
Cell () _____ City _____
_____ SMMUSD Site _____
_____ SM College _____

For Permit Office Only:	Verified:	G Yes	G No
--------------------------------	------------------	--------------	-------------

Grade _____ Sibling Name _____
Sibling School Site _____

School(s) of Choice (1) _____ (2) _____

Permit Reason _____

Please drop off at the district office or mail to the above address. **No faxes please!**