University Preparation School at CSU Channel Islands and
University Charter Middle School at CSU Channel Islands
550 Temple Avenue □ Camarillo, CA 93010

CHARTER SCHOOL ENROLLMENT APPLICATION FOR 2015 - 2016 SCHOOL YEAR

Instructions to Parents: (Please Print)
1. Please fill out one application per child.
2. Applications for the first lottery window must be received no later than Thursday, March 5, 2015 at 550 Temple Avenue, Camarillo, CA 93010. 
3. The public lottery will be held Friday, March 6, 2015, at 550 Temple Avenue, Camarillo, CA 93010. During the following week, parents will be contacted by mail with the lottery results.
4. All applications must have a “daytime” phone number listed for contact.

1. Pupil’s Name: ___________________________________________ Birthdate: _______________ Male/Female
   First Name                     Last Name                                        (09-01-10 example)

Your child must be 5 years old on or before 09/01/2015 to enter Kindergarten.

Please Circle Pupil’s CURRENT grade for 2014-2015 school year:

PK   K   1   2   3   4   5   6   7   8

Please Circle the grade in which the Pupil will be ENTERING in the year 2015-2016:

K   1   2   3   4   5   6   7   8

If you are applying for Kindergarten, please check “either” Dual Language or Language Enrichment.

☐ Dual Language
☐ Language Enrichment

Child’s First Language: English  ________ Spanish  _________ Other  _____________

2. Residential Address ____________________________ ____________________________
   Street     City  CA             Zip

Mailing Address – If different from residence ____________________________ ____________________________

3. Parent’s/Guardian’s Name ____________________________ Phone ____________________________
   First and Last name                     Home                                  Work/Cell (circle one to call)

4. School Currently Attending (if applicable)

5. School District Now Attending: (if applicable)

6. Sibling’s applying for same school year: Name(s) ____________________________ Grade(s) _____________

One application is needed for each student applying.

Please check box only if applicable:

☐ Current Student Sibling Priority-Sibling Name(s):________________________
☐ UPS Employee
☐ Currently Attending El Jardín Preschool
☐ CSUCI Faculty
☐ Camarillo Resident

In signing this form I understand: (1) Acceptance is subject to availability of space. 2. Parent is responsible for pupil transportation. (3) If no space is available at this time, I will be placed on a waiting list through a random selection procedure and contacted when my name comes up.

_________________________________________________ ______________________    _____________________
Parent’s /Guardian’s Signature                                                                     Date

For School Use Only

☐ Accepted Date____________  ☐ Declined Date____________    UPS/CSUCI Agent___________________

Date Received w/Initials________________________