University Preparation Charter School at CSU Channel Islands
CHARTER SCHOOL ENROLLMENT APPLICATION FOR 2016 - 2017 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 3, 2016 at 550 Temple Avenue, Camarillo, CA 93010. 3. The public lottery will be held Friday, March 4, 2016, 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
   (09-01-11 example)

Your child must be 5 years old on or before 09/01/2016 to enter Kindergarten.

Please Circle Pupil’s CURRENT grade for 2015-2016 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 2016-2017: 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____________________