



Ojai Unified School District

414 East Ojai Avenue, P.O. Box 878, Ojai, CA 93024
(805) 640-4300 • Fax (805) 640-4419 • www.ojaiusd.org

Solicitud de Preferencia de Distrito Escolar

Distrito de Residencia _____ Escuela de Matrícula Actual _____

Escuela solicitada: 1ra elección _____ 2da elección _____ Grado Escolar ____ para el año _____

Student's Name _____ Gender: M F Birthday _____

Address _____ City _____ Zip _____ Home Phone _____

Parent's Name _____ Parent's Work Number _____ Cell Phone _____

Student is enrolled in the following special program(s):

☐ Special Education* ☐ Speech Plan* ☐ 504 Plan* ☐ Bilingual Ed ☐ GATE ☐ Other _____

*Attach a copy of current Individualized Education Plan (IEP) or 504 Plan.

I understand that the signature below indicates that I agree to the following conditions:

- ◆ Transportation to a selected school is the responsibility of the parent/guardian.
- ◆ Students must maintain satisfactory records of attendance, citizenship and scholarship.
- ◆ Falsification or misrepresentation of information on this form constitutes grounds for cancellation.

Signature of Parent/Guardian

Date

For Departmental Use: If Special Programs are indicated, send copy to Student Services Department

Please sign acknowledgement of receipt:

Director of Special Programs

Date

For Site Use: ☐ Denied* (state reason _____)

☐ June 30th waiting list

☐ Approved Please withdraw from the school of residence and enroll in accepted school.

Principal Signature

Date

* Under Board of Education policy, application of above named student has been denied.

For District Use: ☐ Entered in database ☐ Sent Acceptance/Denial letter to requester

Superintendent

Date