



# 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](http://www.ojaiusd.org)

## INTRADISTRICT ATTENDANCE APPLICATION

School of Residence \_\_\_\_\_ School Requested \_\_\_\_\_ Grade Level \_\_\_\_ for \_\_\_\_\_ year

School Currently Attending (If different from School of Residence) \_\_\_\_\_

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  504 Plan  Bilingual Ed  GATE  Other \_\_\_\_\_

### Enrollment shall be granted in the following order (based on seat availability):

#### Priority for those who apply on or before March 31:

1. New students in attendance area and siblings of current students.
2. All Intradistrict transfer students selected by lottery.
3. All Interdistrict transfer students selected by lottery.

#### Priority for enrollment after March 31:

1. Students who live in attendance area and siblings of current students (Waiting list 1).
2. Students not placed in lottery with 1<sup>st</sup> priority to Intradistrict; then Interdistrict students (Waiting list 2).
3. All other students, with 1st priority going to Intradistrict students and then Interdistrict students (Waiting list 3).

#### 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, must be approved by Student Services Department**

Denied\* (state reason) \_\_\_\_\_  Approved

\_\_\_\_\_  
Director of Special Programs

\_\_\_\_\_  
Date

**For Site Use:  Denied\* (state reason) \_\_\_\_\_**

\*\*Approved  Approved - Waiting List 1  Approved - Waiting List 3

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

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

\*\* Please withdraw from the school of residence and enroll in accepted school.

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

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date