



**Lodi Unified School District
Independence School**

ENROLLMENT APPLICATION

Student's Last Name: _____ First: _____ ID#: _____

Date of Birth: _____ **2019-20 School** _____

Parent(s) Name: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

19-20 Grade Level: _____ Email Address: _____

Special Education / 504

Is the student receiving Special Education Services? Yes No

If yes, what service? RSP SDC Speech/Language DIS Counseling Other

If active IEP, please arrange for a staffing prior to transfer.

Does student currently have a 504 accommodation? Yes No

Please tell us why you want to attend Independence School

When completed, save the form and email as attachment to lthomas@lodiUSD.net or print and fax to 209-331-8274

For Office Use Only

Date Application Received _____ Orientation Date: _____

Notes:

