

Office Use Only: Lottery # \_\_\_\_\_ Sibling \_\_\_\_\_ District \_\_\_\_\_ Contact \_\_\_\_\_ Appt. \_\_\_\_\_ Tour \_\_\_\_\_

Withdrew \_\_\_\_\_

# ORCHARD VIEW SCHOOL APPLICATION FOR ADMITTANCE

700 WATERTOUGH RD, SEBASTOPOL, CA 95472 PHONE: 707-823-4709 FAX: 707-8236187



**Orchard  
View  
School**

*Independent Study  
K-12 Charter*

*(Check all that apply)*

Applying for 2023-2024: \_\_\_\_\_ Grade: \_\_\_\_\_

Applying for 2024-2025 \_\_\_\_\_ Grade: \_\_\_\_\_

**Lottery Deadline: Friday, March 8, 2024**

**Please fill out application completely, as incomplete applications will not be considered.**

Student Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

School currently attending or last attended \_\_\_\_\_

**Siblings also applying to, or already attending Orchard View School? If yes, please complete the following:**

Student name: \_\_\_\_\_ Grade \_\_\_\_\_ Attending or Applied

Student name: \_\_\_\_\_ Grade \_\_\_\_\_ Attending or Applied

Student name: \_\_\_\_\_ Grade \_\_\_\_\_ Attending or Applied

**Have you homeschooled before? Yes / No**

If yes, provide dates and methods used \_\_\_\_\_

State the reasons you wish to enroll your child in Orchard View School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete the back side of this application

## Special Needs

Please provide the following information about your child's current and previous educational program. This ensures appropriate placement and necessary support services and does not affect your child's eligibility for enrollment.

Does your child have a current I.E.P. (Individual Education Program)?      Yes    No

Does your child have a current 504 plan?    Yes    No

Upon enrollment a copy of the 504 plan or I.E.P. must be submitted.

## Enrollment Priority

1. Students who have siblings enrolled in Orchard View School (siblings include children living in the same household who share at least one parent, stepparent or guardian.)
2. Children who are residents of Twin Hills School District, or children of an employee of Twin Hills School District.
3. All other applicants.

Offers of admission will be made by letter to the applicant's family, to be sent within fifteen (15) days of the enrollment lottery. The family will have five (5) business days from the date of mailing to respond. If the family does not respond, one additional phone call will be made, and the family has two (2) business days to contact the school. If the family still does not respond, the applicant will be considered to have "declined" and will lose their placement.

I hereby certify that I am the parent or legal guardian of the child named above, and that all the information given in this application is true to the best of my knowledge.

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Parent Signature

Date

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Student Signature

Date

Orchard View School shall be nonsectarian in its programs, admission policies, employment practices, and all other operations, shall not charge tuition, and shall not discriminate against any person on the basis of ethnicity, national origin, race, gender identity, gender expression, disability, or any other characteristic as set for in Section 47605(d) of the Education Code.

