

Office Use Only: Lottery # _____ Two Lotteries. _____ Sibling: _____ Staff: _____ Orient.: _____
 Date IEP: _____
 Rec'd: _____ Withdrew: _____ Other: _____

SunRidge School Application for Admission 2026-27

7285 Hayden Avenue, Sebastopol, CA. 95472 Phone: 707.824.2844 FAX: 707.824.2861
 tthomasson@twinhillsusd.org



Application Deadline: **3:00 pm on Friday, Feb. 27, 2026**

Applications can be mailed, hand delivered, faxed, or scanned and emailed to the addresses above.

Please provide a self-addressed, stamped envelope (with child's name) in order to receive your lottery letter.

Incomplete applications will not be considered for the lottery.

Child's Information (please print clearly):

Child's name _____

Birth date _____ Gender _____ Grade Level for 2026-27 _____

Grade: Birth Date Range:	Note: For TK, must turn 4 years old by September 1, 2026	TK September 2, 2021- September 1, 2022	K September 2, 2020 - September 1, 2021	1st September 2, 2019 - September 1, 2020	2nd Sept. 2, 2018 - Sept. 1, 2019
3rd June 2, 2017 - June 1, 2018	4th June 2, 2016 - June 1, 2017	5th June 2, 2015 - June 1, 2016	6th June 2, 2014 - June 1, 2015	7th June 2, 2013 - June 1, 2014	8th June 2, 2012 - June 1, 2013

School District in which you reside _____

Parent/Guardian Contact Information (please print clearly, especially your email address):

1) Parent/Guardian name _____

Address _____ City _____ Zip: _____

Contact Number _____ Email _____

2) Parent/Guardian name _____

Address _____ City _____ Zip: _____

Contact Number _____ Email _____

Siblings also applying to, or already attending, SunRidge School? If yes, please list name(s) and grade(s):

Current Schooling or child care provider for kinder applicants:

Current school name or child care provider _____

Current grade level _____

Dates attended _____

Address/phone _____

Teacher _____

TK Applicants:

What level of support does your child currently require with toileting?

Parents are asked to provide diapers and wipes for their child, if the child requires them. Will your child use any supplies while at school? Yes No

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

Has your child ever been referred to a Student Study Team (SST)?	Yes	No
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Does your child have a current I.E.P. (Individual Educational Plan)?	Yes	No
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Does your child have a current 504 plan?	Yes	No
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Does your child have a current I.F.S.P. (Individual Family Support Plan)?	Yes	No
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Upon enrollment a copy of the 504 plan, I.E.P., or I.F.S.P must be submitted.

Enrollment Priority:

Students must be residents of the state of California to be eligible to apply to a California charter school.

Students are considered for enrollment with the following priority status as set forth in the school's charter:

1. Students presently enrolled in SunRidge Charter (guaranteed enrollment for the following year).
2. Students who are the children of SunRidge employees working at least 0.5 FTE.
3. Students who have siblings enrolled in SunRidge's classroom-based program (siblings include children living in the same household who share at least one parent, stepparent or guardian).
4. Children who are residents of Twin Hills Unified School District or children of an employee of the Twin Hills Unified School District.
5. All other applicants.

Offers of admission will be made by letter to the applicant's family, to be sent within ten (10) 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 his/her place in the class.

Please note that SunRidge offers limited Aftercare, however, placement in the program is not guaranteed.

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

Printed Parent Name_____
Parent Signature_____
Date

