

Office Use Only: Lottery# _____ Sibling _____ District _____ Contact _____ Appt. _____ Tour _____
Withdrew _____

ORCHARD VIEW SCHOOL PRE-ENROLLMENT FORM

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



**Orchard
View
School**

(Check all that apply)

Applying for 2026-2027: _____ Grade: _____

Applying for 2027-2028: _____ Grade: _____

Lottery Deadline: **Friday, March 5, 2027**

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

We're excited you're interested in joining our school family! Please fill out this form to be added to our enrollment list. We'll contact you if space is available or add you to our waitlist in the order received.

Student Name: _____

Address _____ City _____ Zip _____

Date of Birth _____ Age _____

Parent/Guardian Name _____

Home Phone _____

Cell Phone _____

Email _____

Parent/Guardian Name _____

Home Phone _____

Cell Phone _____

Email _____

School currently attending or last attended _____

Enrollment Priority

- Students who are residents of Twin Hills School District
- 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.)
- Students of an employee of Twin Hills School District. If applicable, school: _____

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

Please complete the back side of this application

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: _____

Learning Preferences & Needs

What type of learning environment works best for your student?

- ☐ Independent Study (no on campus classes)
- ☐ Blended (home+ on-campus classes) Is your student interested in:
 - ☐ Dual enrollment (college courses for grades 9-12)

Program Understanding

Please initial each statement:

- _____ I understand that Orchard View School is an **independent study program** requiring regular student engagement.
- _____ I understand that students are expected to meet with their teacher **Monday-Friday between 8:30 AM - 4:00 PM** in person or virtually.
- _____ I understand that communication with teachers and monitoring progress is a **required part of the program**.

Parent Acknowledgement:

By submitting, I understand that completion of this form places my student in the applicant pool but does not guarantee enrollment; submission does not constitute official registration; if applications exceed available capacity, enrollment will be determined by public random lottery; and additional documentation and a formal enrollment process will be required if my student is offered placement.

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 email 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.

_____ Parent Signature	_____ Date	_____ Student Signature	_____ Date
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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.