

ISLAND UNION ELEMENTARY SCHOOL DISTRICT  
7799 21<sup>ST</sup> AVENUE  
LEMOORE, CA 93245

**2019-2020 Charter Request to Attend Island School**

**\*PLEASE NOTE: Due to our facility being at maximum capacity, we cannot guarantee future siblings being accepted into our program upon initial request. All charter requests are reviewed annually to determine space and eligibility.**

Student Name(s)	Entering Grade	Birth date	District of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current School: \_\_\_\_\_

Student qualifies for special services as marked below:

Bilingual    Special Day (SDC)    RSP    Speech

Parents/Legal Guardian: \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Returning

Employment - Place of employment: \_\_\_\_\_

\*If your place of Employment lies within the Island District please provide the address and number of hours worked per week.

Address \_\_\_\_\_ Hours per week \_\_\_\_\_

Hardship - Please attach explanation of special circumstance.

Other - Please attach specific reasons.

Has your child been expelled from school or is he/she facing expulsion?

No    Yes - If yes, please explain on back of page.

I declare under penalty of perjury under the laws of the State of California that the information I have provided is true and correct. I understand that IUSD may request student behavior, attendance, and any pertinent information from my child's previous school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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For Office Use Only

Superintendent's Recommendation:

Approve (To Be Renewed Annually)    Deny

Board Date \_\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date