

**VISTA UNIFIED SCHOOL DISTRICT
MAGNET SCHOOL APPLICATION FORM
KINDERGARTEN APPLICATION**

Student Name _____
Last First Middle Initial

Address _____
Number Street Apt. # City Zip Code

Birth City and State _____ Birthdate _____ Gender (M/F) _____

Parent/Guardian Name _____ Parent Guardian cell number _____
Parent/Guardian work number _____
Parent/Guardian Home number _____

Parent/Guardian Name _____ Parent Guardian cell number _____
Parent/Guardian work number _____
Parent/Guardian Home number _____

My child is currently receiving Speech/Language Services Yes _____ No _____

Is your child currently enrolled in a pre-school program? Yes _____ No _____

If yes, Name of Preschool and location _____

I would like my child to attend a magnet school because _____

I would like to enroll my child in:

_____ Casita Center for Technology, Science and Math (kindergarten through Fifth grades)

_____ Vista Academy of Visual and Performing Arts (Kindergarten through Eighth Grades)

(Please indicate if you have a 1st or 2nd choice)

I would like my child to attend school the _____ AM _____ PM No Preference _____

Siblings of the kindergarten student enrolled in K-12 schools:

1. _____	Grade _____	School: _____
2. _____	Grade _____	School: _____
3. _____	Grade _____	School: _____
4. _____	Grade _____	School: _____

Aligned with our district policy of 100% family participation, family involvement will be strongly encouraged in each magnet program.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

DATE of receipt of completed application (office use only) _____