



**BONITA UNIFIED SCHOOL DISTRICT**  
115 West Allen Avenue, San Dimas, CA 91773  
(909) 971- 8200 ext. 5321

Received

**ALLEN BILL ENROLLMENT INFORMATION FORM**

**This Form is for School Year: 20-\_\_\_\_ - 20- \_\_\_\_**

1. *This form must be completed only at the initial request for enrollment.*
2. *There is no annual renewal required once accepted.*
3. *Parents/Guardians assume all responsibility for transportation.*

*Please print clearly and submit the completed form to the Student Services Office.*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Age: \_\_\_\_\_ Transfer Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 E-mail Address (Optional): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**WORK ADDRESS (TO ESTABLISH RESIDENCY):**

Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
 This address is within the attendance boundaries of \_\_\_\_\_ school.

**MAILING ADDRESS:**

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

Please check one of the following: My child  DOES  DOES NOT receive Special Education Services.

*Bonita Unified School District under this subdivision may prohibit the transfer of the pupil if the district determines that the additional cost of educating the pupil would exceed the amount of additional state aid received as a result of the transfer. California Education Code 48204(b)(3)*

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

\_\_\_\_\_  
Date

-----**FOR OFFICE USE ONLY**-----

Enrollment request accepted to establish \_\_\_\_\_ as the neighborhood school.

Enrollment request not accepted. Reason: \_\_\_\_\_

\_\_\_\_\_  
District Administrator Signature

\_\_\_\_\_  
Date