



**SPACE REQUEST FORM  
2018-2019**

**Please select (X) the school you are applying to:**

|                          |   |                          |                                    |
|--------------------------|---|--------------------------|------------------------------------|
| <input type="checkbox"/> | Entrepreneur High School – San Bernardino | <input type="checkbox"/> | Star Academy - Fontana             |
| <input type="checkbox"/> | New Vision Middle School – San Bernardino | <input type="checkbox"/> | The Journey School – Moreno Valley |
| <input type="checkbox"/> | Excel Prep Elementary – San Bernardino    |                          |                                    |

| Student's Legal Name | First Name | Middle Name | Last Name |
|----------------------|------------|-------------|-----------|
|                      |            |             |           |

|               |                       |        |                         |
|---------------|-----------------------|--------|-------------------------|
| Date of birth | _____ / _____ / _____ | Gender | _____ MALE _____ FEMALE |
|---------------|-----------------------|--------|-------------------------|

|                      |  |                      |  |
|----------------------|--|----------------------|--|
| Current School Name: |  | Current Grade Level: |  |
|----------------------|--|----------------------|--|

|   |                    |
|---|--------------------|
| Does the student have siblings attending our school during current school year (2017-2018)? | _____ YES _____ NO |
| If <u>YES</u> , please list student(s) and current grade(s):                                |                    |
|   |                    |

|  |                    |
|--|--------------------|
| Does the student have siblings applying to our school for next year (2018-2019)? | _____ YES _____ NO |
| If <u>YES</u> , please list student(s) and grade(s) applying to:                 |                    |
|  |                    |

| Primary Parent Legal Name   | First Name | Middle Name | Last Name |
|-----------------------------|------------|-------------|-----------|
|                             |            |             |           |
| Primary phone:              |            |             |           |
| Secondary phone:            |            |             |           |
| Email address:              |            |             |           |
| Secondary Parent Legal Name | First Name | Middle Name | Last Name |
|                             |            |             |           |
| Primary phone:              |            |             |           |
| Secondary phone:            |            |             |           |
| Email address:              |            |             |           |

Office Use Only:

|                |  |
|----------------|--|
| Date Rec'd     |  |
| Staff Initials |  |
| S.R. #         |  |



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| Nombre Legal del alumno | Primer Nombre | Segundo nombre | Apellido |
|-------------------------|---------------|----------------|----------|
|                         |               |                |          |

|                     |                       |        |                                |
|---------------------|-----------------------|--------|--------------------------------|
| Fecha de nacimiento | _____ / _____ / _____ | Género | _____ MASCULINO _____ FEMENINO |
|---------------------|-----------------------|--------|--------------------------------|

|                              |  |               |  |
|------------------------------|--|---------------|--|
| Nombre de la escuela actual: |  | Grado actual: |  |
|------------------------------|--|---------------|--|

|  |                   |
|--|-------------------|
| ¿El alumno tiene hermanos que asisten a nuestra escuela durante el año escolar actual (2017-2018)? | _____ SÍ _____ NO |
| Si la respuesta es <u>SÍ</u> , por favor lista el/los alumno (s) y el/los grado (s) actual:        |                   |
|  |                   |

|   |                   |
|---|-------------------|
| ¿El alumno tiene hermanos aplicando a nuestra escuela para el próximo año (2018-2019)?                  | _____ SÍ _____ NO |
| Si la respuesta es <u>SÍ</u> , por favor lista el/los alumno (s) y el/los grado (s) que esta aplicando: |                   |
|   |                   |

| Nombre Legal del padre principal | Primer Nombre | Segundo Nombre | Apellido |
|----------------------------------|---------------|----------------|----------|
| Teléfono principal:              |               |                |          |
| Teléfono secundario:             |               |                |          |
| Dirección de correo electrónico: |               |                |          |
| Secondary Parent Legal Name      | Primer Nombre | Segundo Nombre | Apellido |
| Teléfono principal:              |               |                |          |
| Teléfono secundario:             |               |                |          |
| Dirección de correo electrónico: |               |                |          |

Uso de oficina solamente:

|                     |  |
|---------------------|--|
| La fecha Rec        |  |
| Inicial de personal |  |
| S.R. #              |  |