

For office use only
Eight _____
Attorney # _____
Concept _____
Decline _____

SMASH
2525 5th Street
Santa Monica, CA 90405
(310) 396-2640
Fax (310) 452-4353



SMASH Application Form

School Year: 2006-2007

Today's Date _____

Name: _____ **Boy** _____ **Girl** _____
(last) (first)

Birth Date: _____ Grade Level for which you are applying: _____

Present School: _____ Neighborhood School: _____

Present Address of Residence: (Street) _____

_____ (city)

_____ (zip code)

Telephone: _____ (home) _____ work # (mother) _____ (father)

Are you an employee of the Santa Monica-Malibu Unified School Dist.? Yes No

Name(s) of Sibling(s) currently enrolled at SMASH: _____

Did you attend our School Tour _____ Did you apply last year? _____

How did you find out about our school?

Why do you want your child to attend SMASH? _____

Cultural Diversity: Does your background qualify you as a member of the following groups? You may circle more than one.

American American Indian Hispanic/Latino/Chicano Asian/Pacific Islander/Filipino

Special Services: Has your child received special education services? Yes _____ No _____

yes, please explain on back and attach a copy of the most recent IEP.

Parents'/Guardians' Names: _____
(Please list names of all who parent)

Parent's/Guardian's Signature: _____