

Santa Monica Alternative School House
2525 5th Street
Santa Monica, California 90405
(310) 396-2640 FAX (310) 452-4353

For office use only
_____ Weight
_____ Lottery #
_____ Accept _____ Decline

SMASH Application Form

Please print information

Applying for School Year: 2018 - 2019 Today's Date _____

Student's Name: _____ Boy ____ Girl ____
(last) (first)

Birth Date: _____ Grade Level for 2018-2019 school year: _____

Present School: _____ Neighborhood School: _____

Present Address of Residence: _____
(street)

_____ (city) _____ (zip code) _____ (home phone #)

Parent Name _____ (work or cell #) _____ (e-mail)

Parent Name _____ (work or cell #) _____ (e-mail)

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

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

Are you applying for any of your other children for 2018-2019?

Names and grades _____
(each child will need a separate application form)

Date you attended 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 child belong to any of the following groups? Please circle.
African American American Indian Hispanic/Latino/Chicano Asian/Pacific Islander/Filipino
Special Services: Has your child received special education services? Yes ____ No ____
If yes, please explain on back.

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

Parent's/Guardian's Signature: _____