

**SUPERIOR STREET ELEMENTARY SCHOOL**

*An Affiliated Charter*

*A Blue Ribbon School, and A California Distinguished School*

9756 Oso Avenue

Chatsworth, CA 91311

(818) 349-1410 Fax: (818) 886-8748

[www.superiorelem.com](http://www.superiorelem.com)



**AUSTIN BEUTNER**  
Superintendent of Schools

**JOSEPH NACORDA**  
Local District Northwest Superintendent

**CLAUDETTE WILLIAMSON**  
Principal

*"Learn from mistakes, Eager to succeed, Appreciate others, Dream big dreams"*

**Charter Lottery Form/ Forma de Loteria**

Application for School Year 2019 - 2020

**STUDENT INFORMATION (please print)**

Student Name \_\_\_\_\_

Last Name

First Name

Middle Name

Date of Birth \_\_\_/\_\_\_/\_\_\_

Entering Grade Level for 2019 - 2020: \_\_\_\_\_

Do you currently live within the boundaries of LAUSD? Yes \_\_\_ No \_\_\_

Do you currently have a child enrolled at Superior Street? Yes \_\_\_ No \_\_\_ If yes, what grade? \_\_\_\_\_

Student Address \_\_\_\_\_

Address

City

Zip

Telephone Number \_\_\_\_\_

Home

Parent Cell

Mother or Guardian \_\_\_\_\_

Last Name

First Name

Father or Guardian \_\_\_\_\_

Last Name

First Name

**INFORMACION del ESTUDIANTE (favor de escribir en letra de molde)**

Nombre del estudiante \_\_\_\_\_

Apellido

Nombre

Segundo nombre

Fecha de nacimiento \_\_\_/\_\_\_/\_\_\_

Grado que va ingresar el estudiante para 2019-2020: \_\_\_\_\_

¿ Actualmente vives dentro de los limites de LAUSD? Si \_\_\_ No \_\_\_

¿ Tiene actualmente un niño matriculado en la escuela Superior? Si \_\_\_ No \_\_\_ ¿ En qué grado? \_\_\_\_\_

Domicilio del estudiante \_\_\_\_\_

Domicilio

Ciudad

Cod. postal

Numero de teléfono \_\_\_\_\_

Hogar

Celular del madre o padre

Madre o Madrastra \_\_\_\_\_

Apellido

Primer Nombre

Padre o Padrastro \_\_\_\_\_

Apellido

Primer Nombre

**FOR SCHOOL USE ONLY**

**Receipt of Application:** Received on \_\_\_\_\_, 2019 by \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade Level for 2019- 2020: \_\_\_\_\_ Sex M F

Random Sibling Preference/Public Drawing: Lottery/Waiting List Number: \_\_\_\_\_ Sibling(s) Enrolled at Superior: \_\_\_\_\_

First phone contact or email on \_\_\_\_\_ by \_\_\_\_\_ Accepted on \_\_\_\_\_

Second phone contact or email on \_\_\_\_\_ by \_\_\_\_\_ Declined on \_\_\_\_\_