

Bullis Mountain View

Delivery method:  
Email and hand delivered

October 31, 2018

Superintendent Rudolph  
Mountain View Whisman School District  
Board of Education  
1400 Montecito Avenue  
Mountain View, CA 94043

***RE: Request for Proposition 39 Facilities for the 2019-20 School Year***

Dear Superintendent Rudolph:

I am writing on behalf of the Bullis Mountain View Charter School (“Charter School”) to request reasonably equivalent school facilities from the Mountain View Whisman School District (“District”) pursuant to Education Code Section 47614 (i.e., Proposition 39) and Title 5 of the California Code of Regulations (“CCR”) Section 11969.1 through 11969.11, as amended (“Implementing Regulations”).

Proposition 39, passed by the voters of California on November 7, 2000, requires school districts to make available, to each charter school operating within the school district, school facilities sufficient for each charter school to accommodate all of the charter school’s in-district students in conditions reasonably equivalent to those in which the students would be accommodated if they were attending other public schools of the school district. Facilities provided shall be contiguous, furnished, and equipped, and shall remain the property of the school district. In addition, the school district must make reasonable efforts to provide the charter school with facilities near to where the charter school desires to be located. (See Education Code Section 47614(b)).

The Proposition 39 Implementing Regulations, adopted by the State Board of Education (“SBE”) in 2002, and amended in 2008, require the Charter School to make an annual written request for facilities. Title 5 CCR Section 11969.9(c)(1) specifies the information that must be included in the annual facilities request. This request, along with the information submitted herewith, meets and exceeds the requirements of Education Code Section 47614 and the Implementing Regulations

**Projected Average Daily Attendance (ADA)**

In accordance with Education Code Section 47614(b)(2), the District is required to allocate school facilities to the Charter School for the following school year based upon a projection of average daily classroom attendance provided by the Charter School.

Proposition 39 Request: 2019-20 School Year

The Charter School’s Governing Board has determined that a reasonable projection of the Charter School’s in-District average daily classroom attendance for the 2019-20 school year is 159.6. The following is a break down of the Charter School’s projected average daily attendance (“ADA”) as required by 5 CCR Section 11969.9(c)(1). The Charter School’s ADA figures are based on the methodology outlined in the following section.

Please note:

- “Prior year” means the fiscal year prior to the year in which a facilities request is made. For this request, the prior year is 2017-18.
- “Current year” means the fiscal year in which a facilities request is made. For this request, the current year is 2018-19.
- “Request year” means the fiscal year for which facilities are being requested. For this request, the request year is 2019-20.

**Table 1: Total ADA**

A	B	C	D
Grade Level	<u>Actual Total Prior Year (P-2)</u>	<u>Projected Total Current Year</u>	<u>Projected Total Request Year</u>
TK			24.7
K			63.65
1			41.8
2			29.45
3			
4			
5			
<b>Total</b>			159.6

**Table 2: Total In-District ADA**

A	B	C	D
Grade Level	<u>Actual Total Prior Year (P-2)</u>	<u>Projected Total Current Year</u>	<u>Projected Total Request Year</u>
TK			24.7
K			63.65
1			41.8
2			29.45
3			
4			
5			
<b>Total</b>			159.6

**Table 3: Total Classroom ADA**

A	B	C	D
Grade Level	Actual Total Prior Year (P-2)	Projected Total Current Year	Projected Total Request Year
TK			24.7
K			63.65
1			41.8
2			29.45
3			
4			
5			
<b>Total</b>			159.6

**Table 4: Total In-District Classroom ADA**

A	B	C	D
Grade Level	Actual Total Prior Year (P-2)	Projected Total Current Year	Projected Total Request Year
TK			24.7
K			63.65
1			41.8
2			29.45
3			
4			
5			
<b>Total</b>			159.6

The following tables represent the projected **in-District ADA** (from Table 2 above) and **in-District classroom ADA** (from Table 4 above) broken down by grade level and the school in the District the pupils are otherwise eligible to attend. (5 CCR Section 11969.9(c)(2).)

**Table 5: In-District ADA Broken Down by Grade Level and District Schools Where Pupils Would Otherwise Attend:**

School Name/Grade	TK	K	1	2	3	4	5	6	7	8	9	10	11	12
Mariano Castro Elementary	3.8	8.55	1.9	2.85										
Theuerkauf Elementary	1.9	8.55	3.8	4.75										
Monta Loma Elementary	3.8	8.55	5.7	.95										
Garbriela Mistral Elementary	.95	.95	2.85	3.8										
Edith Landels Elementary	5.7	19	7.6	7.6										
Benjamin Bubb Elementary	.95	2.85	9.5	2.85										
Stevenson Elementary	0	0	0	0										

Frank L. Huff Elementary	1.9	7.6	5.7	4.75										
Vargas	5.7	7.6	4.75	1.9										

**Table 6: In-District Classroom ADA Broken Down by Grade Level and District Schools Where Pupils Would Otherwise Attend:**

School Name/Grade	TK	K	1	2	3	4	5	6	7	8	9	10	11	12
Mariano Castro Elementary	3.8	8.55	1.9	2.85										
Theuerkauf Elementary	1.9	8.55	3.8	4.75										
Monta Loma Elementary	3.8	8.55	5.7	.95										
Garbriela Mistral Elementary	.95	.95	2.85	3.8										
Edith Landels Elementary	5.7	19	7.6	7.6										
Benjamin Bubb Elementary	.95	2.85	9.5	2.85										
Stevenson Elementary	0	0	0	0										
Frank L. Huff Elementary	1.9	7.6	5.7	4.75										
Vargas Elementary	5.7	7.6	4.75	1.9										

**Table 7: In-District Students Broken Down by Grade Level and District Schools Where Pupils Would Otherwise Attend:**

School Name/Grade	TK	K	1	2	3	4	5	6	7	8	9	10	11	12
Mariano Castro Elementary	4	9	2	3										
Theuerkauf Elementary	2	9	4	5										
Monta Loma Elementary	4	9	6	1										
Garbriela Mistral Elementary	1	1	3	4										
Edith Landels Elementary	6	20	8	8										
Benjamin Bubb Elementary	1	3	10	3										
Stevenson Elementary	0	0	0	0										
Frank L. Huff Elementary	2	8	6	5										
Vargas Elementary	6	8	5	2										

## **Methodology Used In Making ADA Projection:**

Title 5 CCR Section 11969.9(c)(1)(B) requires the facilities request to include a description of the methodology for the ADA projections. The Charter School utilized the following methodology in calculating the ADA projections:

The Charter School's projections are based on a projected first year enrollment of 168 students, all of whom will be in-District students.

This enrollment projection is based on the enrollment projected in the Charter School's charter petition, and is supported by the signatures of 146 meaningfully interested in-District families, representing 171 meaningfully interested students. This includes 151 signatures attached to the Charter School's charter petition, and 147 Intent to Enroll forms, representing 171 unique students. In other words, at this very early date, the Charter School has already collected the names and addresses of meaningfully interested students representing over 100% of the Charter School's projected ADA. Projections are based on both the intent to enroll forms, and signatures to the charter petition as well as the historic interest for our flagship school, BCS. There are no less than 171 interested students based on the charter petition and enrollment forms to date, alone. Given the overwhelming interest in BCS by Mountain View residents, we believe BMV will have the same level of interest, resulting in 100% capacity for our anticipated program for 2019-20.

It is reasonable for the Charter School to project that all of its students will be in-District, as all of the Intent to Enroll forms and petition signatures collected by the Charter School are from in-District students. In addition, the charter petition provides a preference for in-District students, so it is highly unlikely that any out of District students will be admitted through the lottery.

The attendance rate used by the Charter School is 95%. This is reasonable because as we create an intentionally diverse school, we are estimating school attendance in a conservative manner to accommodate the diversity of families in Mountain View. This is also the attendance rate used in our charter and budget, and is a conservative attendance rate, given that the average attendance rate at the Charter School's sister school in the Los Altos School District is 97.6%, and the Charter School anticipates having a high attendance rate in its first year of operation. Students who engage in PBL and highly engaging learning often attend school at high rates.

The Intent to Enroll forms and petition signatures collected all represent meaningfully interested parents as they were collected from parents who are very familiar with Bullis' program. The Intent to Enroll forms and petition signatures were collected at 16 parent information meetings that were held from August to October of this year to share information about the school; at the information meetings we explained in detail the proposed school, including the educational model. We also provided copies of the petition at those meetings so parents could familiarize themselves with our school. Families were also provided with information about Prop. 39, and the reasons for collecting Intent to Enroll forms, as well as an explanation as to what parents were attesting to by signing the form (that they are meaningfully interested in enrolling their child in Bullis, but are not guaranteed enrollment in the school or obligated to enroll their child). Therefore, families were very familiar with the Charter School and its proposed program when they signed the Intent to Enroll forms. Given that the Charter School is a new school that has not yet commenced operations, and yet was still able to collect petition signatures and Intent to Enroll forms

representing 95% of its projected enrollment, its projections are not only reasonable but conservative.

Bullis Charter School, Los Altos has historically had a long waitlist of parents who reside within the MVWSD boundaries and wish to attend Bullis Charter School – on average approximately 175 students. As such, it is very likely that many parents will be interested in enrolling in the Charter School.

### **Supporting Documentation**

Title 5 CCR Section 11969.9(c)(1)(C) requires the facilities request to include supporting documentation. The Implementing Regulations state that when a charter school is not yet open (i.e., not yet providing instruction) or to the extent an operating charter school projects a substantial increase in in-District ADA, the annual request must include documentation of the number of in-District students meaningfully interested in attending the Charter School. Please be advised that because the Charter School is not yet open, we have attached and incorporated herein by reference the following supporting documentation that fully substantiates the reasonableness of our in-District ADA projections for the 2018-19 school year:

- (1) Signed parental “Intent to Re/Enroll” Forms for all students for the request year;
- (2) Parents’ signatures attached to charter petition.

As you review the Charter School’s ADA projections and supporting documentation, please keep in mind that the Proposition 39 regulations do not specify or require a particular type of supporting documentation to be used. Charter Schools may submit any type of supporting documentation which they used to arrive at their ADA projections. This documentation must be “sufficient for the district to determine the reasonableness of the projection, but ... need not be verifiable for precise arithmetical accuracy.” (Section 11969.9(c)(1)(C); emphasis added.) The supporting documentation is intended only to demonstrate reasonableness of Charter School’s request, not mathematical exactitude, and need not be independently verified by the District.

More importantly, if the District is planning to contact parents to verify their meaningful interest, please be aware that two courts recently held that “counter-surveys” are inconsistent with the Implementing Regulations. Specifically, in *Rocketship v. Mt. Diablo Unified School District* (Contra Costa County Superior Court, Case No. N17-0137), the Court stated that “the regulations do not authorize a district to blithely discard the school’s methodology and documentation by conducting its own wholly independent counter-survey.” The Court finds that the scope of “review” permitted to a school district is very limited. The district may review the charter school’s projections for obvious defects, such as listing a child outside the qualifying age range, listing a child who resides outside the district boundaries, etc. The district may also review whether the school’s documentation reasonably supports the school’s projection.

The Court in *Promise Academy v. San Jose Unified School District* (Santa Clara County Superior Court, Case No. 18CV325491) further held that “it is evident that the scope of a school district’s review of the required level of meaningful interest in a charter school’s request for facilities is limited... In sum, a district review does not entail a separate confirmation or verification to the school district directly from the parent of his or her meaningful interest in a charter school. A district may review the charter school’s projections and supporting documentation for obvious defects, such as listing a child outside the qualifying age range, listing a child who resides outside

district boundaries, listing of incorrect grades, more than one submission by the same student to the same charter school, etc....A school district, however, impermissibly exceeds the scope of its review when it embarks on gathering independent evidence to rebut or impeach a timely Proposition 39 request, or insist on the school district obtaining its own confirmation or verification of meaningful interest directly from the parents....Proposition 39 does not permit the District the use of results from its survey of interested parents as a basis for rejecting signed Intent to Enroll forms or other documentation supporting meaningful interest.”

Interpreting the implementing regulations to provide a narrow scope of review is bolstered by a consideration of the parties’ respective incentives. Charter schools have a strong incentive not to overestimate enrollment, because they must pay for empty classroom space. (Ed. Code, § 47614, subd. (b)(2); Cal. Code Regs., tit. 5, § 11969.8. See, *Sequoia Union High School Dist. v. Aurora Charter High School* (2003) 112 Cal.App.4th 185, 196 [“the school is subsequently penalized if its projection was incorrect by having to reimburse the district for over-allocated space”].) Hostile school districts, on the other hand, have every incentive to underestimate enrollment because they face no countervailing financial penalty. The regulations cannot be interpreted so as to give school districts carte blanche to lowball projected enrollment, thereby starving potentially viable charter schools of the classroom facilities they need to grow and thrive. Proposition 39 was enacted to prevent such conduct, and not to enable it.”

Therefore, we anticipate that the District will not contact parents to verify their meaningful interest, as their signature on an intent to enroll form stating their meaningful interest is sufficient. Instead, we anticipate the District will conduct a good-faith review, of the form described in the *Rocketship* and *Promise* decisions, of the actual supporting documentation submitted by the Charter School to determine if the Charter School’s projections are reasonable.

### **Operational Calendar:**

Title 5 CCR Section 11969.9(c)(1)(D) requires the facilities request to include the Charter School’s operational calendar. The Charter School’s operational calendar is attached for your review. The Charter School’s first day of instruction is on August 14, 2019, therefore we will need access to the facility on or before July 31, 2019, in order to prepare. Please note that Title 5 CCR Section 11969.9(j) requires the District to ensure that a furnished and equipped facility meeting the requirement of Proposition 39 be made available to the Charter School no less than ten (10) working days prior to the charter school’s first day of instruction. In addition, in accordance with Section 11969.5, the space allocated must be made available for the Charter School’s entire school year regardless of the School District’s instructional year or class schedule.

### **Educational Program:**

Title 5 CCR Section 11969.9(c)(1)(F) requires the facilities request to provide information regarding the charter school’s educational program that is relevant to the assignment of facilities. The Charter School’s educational program does have unique facilities needs. As you are aware, key components of the educational program of the Charter School include a focus on STEAM and Project-Based Learning integrated into the school’s MakerSpace and art room. We plan to implement a program similar to that at Bullis Charter School, Los Altos and plan to utilize a room for a MakerSpace and integrated into art. In addition, we may offer after school theater classes and would need a location to do this. In addition to this, we will offer extra-curricular classes after school and plan to utilize classroom spaces in extended day activities each day. Staff will receive

professional development a minimum of five business days before school begins and five business days following the last day of school as well as throughout the year. As a result, we will continue to use the facilities during these times. We may also offer extra-curricular classes that begin before school starting at 7:30am. In addition, we will provide high-quality parent engagement and will need to use a multi-purpose room to hold parent education and parent meetings in the evenings over the course of the year.

In order to provide these aspects of our educational program, the facility allocated to the Charter School must provide the following:

- Dedicated room for a MakerSpace,
- Dedicated room for an art classroom,
- Use of the Multi or a similar space to use from 7:30am-5:30pm each day and on certain evenings.
- Dedicated room for Early Learners (TK + Young 5s) with a bathroom inside the room
- Two dedicated rooms for Kindergarten with a bathroom inside each room
- Four dedicated rooms for 1<sup>st</sup> – 2<sup>nd</sup> grade
- In order to provide equivalent facilities, we will also need sufficient play space for younger students in the TK (Early Learners) and Kindergarten classes.
- In order to provide equivalent facilities, we will also need sufficient play space for the elementary students in grades 1 and 2.

If the District's comparison schools include any facilities not identified here, the Charter School will also require a reasonably equivalent allocation of these spaces.

In addition, and in accordance with its charter and its budget, the Charter School will operate grade levels TK through 2 on one contiguous school site. It is critical for our students to be on one contiguous school site due to their young age. It is important for young children to have consistency in spaces and with the adults that they interact with. Consequently, the Charter School's educational program requires a single contiguous school site in which to operate.

### **Facility Location:**

Title 5 CCR Section 11969.9(c)(1)(E) requires the Charter School to provide information regarding the District school site and/or general geographic area in which the Charter School wishes to locate. Based upon the needs of the Charter School and the residency of the projected student enrollment, the Charter School desires to locate its facility at a district facility that is serving the students of Mariano Castro Elementary, Theuerkauf Elementary, and/or Monte Loma Elementary. We intend to serve a diverse demographic and being within walking distance of the charter school, for low-income families is important in order to build an intentionally diverse school.

We are attaching a slide deck that was presented at the MVWSD board meeting on November 2, 2017. In this PowerPoint, the District shared data on which of its school locations have additional capacity for students. According to slide 12 in this presentation, Crittenden has space for 264 additional students and Theuerkauf has additional space for 133 students.



## **Procedures and Timelines:**

In accordance with the Implementing Regulations, the District is required to review the Charter School's attendance projections and to express any objections that it has about the Charter School's attendance projections in writing on or before December 1, 2018. The Charter School must respond to the District's written objections, if any, on or before January 2, 2019, and will either reaffirm or modify its projections as it deems necessary. (5 CCR Section 11969.9(d).)

Furthermore, we look forward to receiving a written preliminary facilities proposal from the District on or before February 1, 2019, as required under the Implementing Regulations. (5 CCR Section 11969.9(f).) The preliminary proposal must include, at a minimum, the following information: (1) a breakdown of the number of teaching stations (classrooms), specialized and non-classroom based space to be allocated to the Charter School, with an indication as to whether the space is exclusive or shared use; (2) the projections of in-District classroom ADA on which the proposal is based; (3) the specific location of the space; (4) all conditions pertaining to the space, including a draft of any proposed agreement pertaining to the Charter School's use of the space, (typically referred to as a facilities use agreement); (5) the projected pro rata share amount and a description of the methodology used to determine that amount; and (6) a list and description of the comparison group schools used in developing its preliminary proposal, and a description of the differences between the preliminary proposal and the Charter School's facilities request. In accordance with the Implementing Regulations (5 CCR Section 11969.2(d)), if the District's preliminary proposal (or final notification) does not accommodate Charter School at a single school site, the District's governing board must first make a finding that the Charter School could not be accommodated at a single site and adopt a written statement of reasons explaining the finding. The Charter School has until March 1, 2019, to respond to the preliminary proposal, expressing any concerns, addressing differences between the preliminary proposal and the facilities request, and/or making counter proposals.

The Implementing Regulations Section 11969.9(h) requires the District to provide a written final notification regarding the space to be allocated to the Charter School prior to April 1, 2019. The final notification specifically must include, at a minimum, the following:

- (1) The teaching station, specialized classroom space, and non-teaching station space offered for the exclusive use of the charter school and the teaching station, specialized classroom space, and non-teaching station space which the charter is to be provided access on a shared basis with District operated programs, if any;
- (2) For shared space, if any, the proposed arrangements for sharing;
- (3) The in-District classroom ADA assumptions for the Charter School upon which the allocation is based and, if the assumptions are different than those submitted by the charter school, a written explanation of the reasons for the differences;
- (4) The specific location of the space;
- (5) All conditions pertaining to the Charter School's use of the space;
- (6) The pro rata share amount and a description of the methodology used to determine that amount;
- (7) The payment schedule for the pro rata share amount, which shall take into account the timing of revenues from the state and from local property taxes; and
- (8) A response to the Charter School's concerns and/or counter-proposals, if any.

A California Court of Appeals decision has made clear that, in meeting their Proposition 39 obligation, school districts must give the same degree of consideration to the needs of charter school students as it does to the students in district-run schools. The court noted that “accommodating a charter school might involve moving district-operated programs or changing attendance areas” and that providing a contiguous school facility to a charter school might require disruption and dislocation among district students, staff and programs. (*Ridgecrest Charter School v. Sierra Sands Unified School District* (2005) 130 Cal.App.4th 986.) In addition, the Court concluded that a school district responding to a request for facilities must issue a statement of reasons at the time it makes its final determination that is “thorough” and “factual” enough to permit “effective review by the courts”; the statement of reasons issued by the school district must demonstrate that the district has “adequately considered all relevant factors” and that the district can “demonstrate a rational connection between those factors, the choice made, and the purposes of [Proposition 39].” Furthermore, as the District may be aware, two recent court cases clarified the manner in which a school district must allocate facilities to a charter school. Specifically, *Bullis Charter School v. Los Altos School District* (2011) 200 Cal.App.4th 1022, among other things, requires the District to perform a calculation of the square footage of all of the specialized and non-teaching station spaces at the comparison schools. The District must base its allocation of space to the Charter School on this analysis. In addition, the California Supreme Court has stated that a school district may not use its internal “norming ratios”, or student-teacher ratios, in determining the number of classrooms to offer to charter schools but rather must use the facilities inventory at comparison group schools to perform the teaching station to ADA analysis required by the Implementing Regulations. (*California Charter Schools Assn. v. Los Angeles Unified School District* (2015) 154 Cal.Rptr.3d 889.)

Although Proposition 39 requires the District to allocate a school facility for Charter School use, the Charter School is amenable to discussing alternative facilities arrangements that meet both the needs of the District and the Charter School.

The Charter School Governing Board has delegated to me the responsibility to negotiate the allocation of a facility under Proposition 39. All communications regarding this matter should be sent to my attention at the address below. My contact information is as follows:

Jennifer Anderson-Rosse  
102 W. Portola Ave., Los Altos, CA 94022  
650-947-4100  
415-377-0592 (cell)  
650-947-4989 (fax)  
janderson@bullischarterschool.com

I appreciate your time and consideration of this request and I look forward to developing a mutually agreeable plan to meet the facilities needs of the Charter School’s in-District students.

Sincerely,

Jennifer Anderson-Rosse  
Founding Head of School

cc:

Proposition 39 Request: 2019-20 School Year

Clara Roa, David Jacques, Patrick Walsh, Greg Brauner, Bertha Alarcon, Charter School  
Board Members  
Sarah Kollman,            Legal Counsel

Attachments (the following attachments are incorporated by reference herein):

Attachment 1: Charter Petition Signatures

Attachment 2: Intent to Enroll Forms



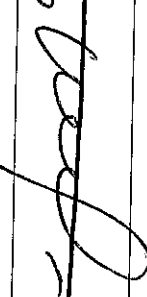

Attachment 3: 2019-2020 Bullis Mountain View School Calendar

Attachment 4: North Bayshore Development and Impact on MVWSD Slide Deck



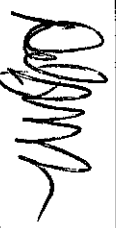

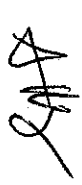


**PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL**

We the undersigned believe that the attached charter for the creation of Bullis Mountain View Charter School (the "Charter School") merits consideration and hereby petition the governing board of the Mountain View Whisman School District to grant approval of the charter pursuant to Education Code Section 47605 to enable the creation of the Charter School. The Petitioners for the Charter School agree to operate the Charter School pursuant to the terms of the Charter Schools Act and the provisions of the Charter School's charter. The petitioners authorize the Leadership Team to negotiate any non-substantive amendments to the charter necessary to secure approval. Signature page is attached to petition upon signature. The petitioners listed below certify that they are parents or guardians who are meaningfully interested in having their children or ward(s) attend the Charter School.

NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1. ANNA BUONOMO		151 CALDENOW AV. Apt 134	415 7696 511	K	WHISMAN AM	9/30/18
2. NIK STUWART		1585 Villa St.	650-336-4428	<del>TK</del> TK	Landels	9/30/18
3. <del>TING SHCHICKO</del> (not at district)	<del></del>	<del>2645 CALIFORNIA ST</del>	<del>650 5589</del>	<del>1</del>	<del>SATEL RIZQ</del>	<del>9/30/18</del>
4. HERBERT LAI		236 E Middlefield Rd	408 209 1349	2, 4	HUFF	9/30/18
5.						


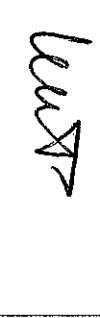


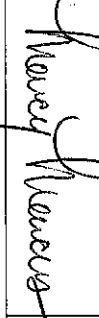
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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	David Ferreira		212 Palms Pl NV	650 644 8142	K3	Lardella	9/30
2.	Soney Gaus		151 Madeira Way NV	650 933 6089	1st	Steven Sim	9/30
3.	Alexei Kvasov		2010 Latham St. NV	425 622 1100	K	Mazino Castro	9/30/18
4.	Vishalji Wagle		3381 Brewer Av Mountain View	650 248 2556	TK	Huff-	9/30
5.	Kozue Harada		1491 Bonita Ave Mountain View	650- 776- 4396	K	Bubb	9/30

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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	Jess Li		104 Savannah Loop Mountain View CA 94049	(408) 651 0732	K	MVSD	9/29
2.	Laura		218 Flynn Rd 94093		K	Wagon	9/29
3.	Jinying Zhou		123 Gladys Ave Mountain View CA 94063	408 593 2603	1 <sup>st</sup>		9/29
4.	Virginia Bator		137 Centre St. Mountain View CA 94041	415-583 9028	TK	MVSD	9/29
5.	Marcy Marcus		113 Avellino Way Mountain View, CA	305-975 5957 (cell)	1 <sup>st</sup>	MVSD	9/30

**PETICIÓN PARA ESTABLECER LA ESCUELA BULLIS MOUNTAIN VIEW CHARTER SCHOOL**

Nosotros, los abajo firmantes, creemos que el chárter adjunta para la creación de Bullis Mountain View Escuela Chárter (la "Escuela Chárter") merece consideración y por la presente solicitamos a la junta directiva del Distrito Escolar Bullis MV Charter que conceda la aprobación del chárter conforme a la Sección 47605 del Código de Educación para permitir la creación de la Escuela Chárter. Los Peticionarios de la Escuela Chárter aceptan operar la Escuela Chárter de conformidad con los términos de la Ley de las Escuelas Chárter y las disposiciones del Chárter de la Escuela Chárter. Los peticionarios autorizan al Equipo de Liderazgo a negociar cualquier enmienda no sustantiva al chárter necesaria para obtener la aprobación. La página de la firma se adjunta a la petición en la firma. Los peticionarios abajo certifican que son padres significativamente interesados en inscribir a sus estudiantes en la Escuela Chárter.

	NOMBRE	FIRMA	DIRECCIÓN	NÚMERO DE TELÉFONO	GRADO DEL ESTUDIANTE EN 2019-2020	DISTRITO ESCOLAR	FECHA
1.	Yaneth Mander Yaneth M.	<i>Yaneth Mander</i>	2035 PLYMOUTH ST. APT 6 RICH. VIEW, CA 94043	(650) 417-3539	2nd grade	Hemlock	10/07/18
2.	Deepak Arora	<i>Deepak Arora</i>	526 N. Whisman Rd Menlo Park, CA 94041	650 944 232-4571	1st grade	Hill	10/11/18
3.	Sonia Segurins	<i>Sonia Segurins</i>	211 East St #12 M. View CA	650 823 9272	K.	Lands	07/07/18
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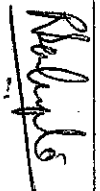
PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL

We the undersigned believe that the attached charter for the creation of Bullis Mountain View Charter School (the "Charter School") merits consideration and hereby petition the governing board of the Mountain View Whisman School District to grant approval of the charter pursuant to Education Code Section 47605 to enable the creation of the Charter School. The Petitioners for the Charter School agree to operate the Charter School pursuant to the terms of the Charter Schools Act and the provisions of the Charter School's charter. The petitioners authorize the Leadership Team to negotiate any non-substantive amendments to the charter necessary to secure approval. Signature page is attached to petition upon signature. The petitioners listed below certify that they are parents or guardians who are meaningfully interested in having their children or ward(s) attend the Charter School.

	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	Ali Bidabadi	<i>Ali Bidabadi</i>	708 Astor Ct.	408-382 1119	K	Monte Lama	Sept. 30, 2019
2.	Miguel Angel Pineda	<i>Miguel A Pineda</i>	511 Central ave <sup>View</sup> <sub>Monte</sub>	650 669 2334	2	Therucal	09/20/18
3.	Vernice B	<i>Vernice B</i>	2235 oak Farms st	650-308 5855	K	Custro	9/30
4.	Leslie Hart	<i>Leslie Hart</i>	202 Montebello Ave <sup>View</sup>	585-690-8137	1	Therucal	10/2/18
5.	Huayi Li	<i>Huayi Li</i>	37 Saw Mill Ln, Mountain View	312-927-1433	K	Therucal	10/2/18


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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	ROOPSHA SENGUPTA		222 ESCUELA AVENUE, APT 172 MOUNTAIN VIEW CA 94040	6502846242	K	MARIANO CASTRO	10/3/18
2.							
3.							
4.							
5.							


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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	<i>Cetti</i>		<i>221 Palmita Pl. Mountain View, CA</i>	<i>949-7582</i>	<i>K</i>	<i>Landells</i>	<i>9/26/14</i>
2.							
3.							
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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	Virginia Chen		2122 Lygarden St. Mountain View, CA 94043	408-316-9720	K	Monte Loma	9/28/18
2.							
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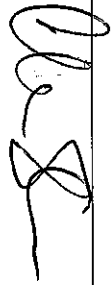



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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	Tiffany Lee	<i>Tiffany Lee</i>	1314 Azalea Drive Mountain View, CA 94041	(650) 810-4899	Kindergarten	Landsels	9/28/18
2.	Di-Yan Chung	<i>Di-Yan Chung</i>	213 Palmita Pl Mountain View, CA 94041	(650) 919-3430	Kindergarten	Landsels	9/28/18
3.							
4.							
5.							






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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	Christina Wood		306 Wildflower Park Ln. Mountain View, CA 94043	415-914-4979	2	Therewick District School	9/19/18
2.	Travis Beals		7 Sutter Creek Ln Mountain View CA 94043	650 224 8785	1	Therewick District School	8/19
3.	Kathryn Beals		7 Sutter Creek Ln Mountain View CA 94043	650-224 9326	TK	Therewick District School	9/19
4.	Brian Williams		473 Conover Ave Mountain View CA 94043	650 906 1474	2	Londos District School	9/19/18
5.							

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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1. Jenny Choi		164 Holland CT, Mountain View, CA	412-425-2925	K	Huff	9/19/18
2. Sharrill Mangrove		1003 Brides Ave, MV 94040	450-584-3444	T-L	Bubb	9-19-18
3. SOE BUEBECKI		215 Chiguta Ave Mtn View CA 94041	503-408-8036	TK	Castro	9/19/18
4. Pamela Park		801 CHEVCHIST. MOUNTAIN VIEW, 94041	617-953-1775	L	LANDERS	9/19/18
5. Andrea Heggem		202 Montebello Ave #12 Mountain View, CA 94043	408-499-1774	K	Thurmont	9/19/18

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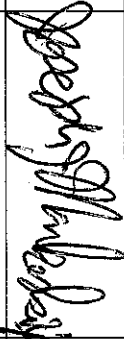



	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	Alex Leitch		3381 Dean Way Mountain View	90822760	Pregrade	Kuff	9/18/18
2.	Daniel Wood		570 Bush St, Mountain View	650/483-2222	<del>Pregrade</del> Kindergarten (Triplet-Girl)	Landels	9/18/18
3.	Daniel Wood		570 Bush St, Mountain View	650/483-2222	Kindergarten (Triplet-Girl)	Landels	9/18/18
4.	Daniel Wood		570 Bush St, Mountain View	650/483-2222	Kindergarten (Triplet-Boy)	Landels	9/18/18
5.	VAMSIDHAR JUVVIGUNTA		1451 CALIFORNIA St, Mountain View	650 814 0836	Kindergarten	Landels	9/18/18

(Triplet)



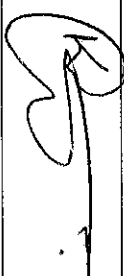


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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1. JINGLAO YE		3360 Shady Spring Ln Mountain View, CA 94040	310-993-9159	K	14th ff	9-15-2018
2. Joseph S. Mandelstein, M.D.		3913 Arnez Ave. Mountain View, CA 94043	(650) 740-9466	TK	Monta Loma	15-Sep-2018
3. SING YUN, CHU		2580 BLVIN ST. MOUNTAIN VIEW, CA 94043	408 4801938	K	Monta Loma	15 <sup>th</sup> Sep 2018
4. Matthew Patterson		39 Sawmill Lane Mountain View CA 94043	914 924-7427	K	Reverkrout	9/15/18
5. Maribelle Chen		PUE E DRWAY MOUNTAIN VIEW CA 94041	650 822 0765	K	Mountain View Whisman	9/15/2018




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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1. RANDARP DESAI		925 Farley St. Mountain View CA 94043	323-397 -0035	1st Grade	The Kerkby/ Stevenson (M.V.-Whisman)	9/15
2. Shu Lin		440 Levin Ave Mtn View 94040	650- 238- 8876	TK	Huff.	9/15
3. Sarah Pham		570 S Rangstorff Avenue , #21, Mountain View, 94040	312-375 -0502	K	Castro	9/15
4.						
5.						


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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	Michael Barton		500 W Middlefield Ave #6, Mountain View, CA	516 567 7384	K	Whisman	9/15/2019
2.	Pavan Mettu		801 ADA AVENUE #38 MOUNTAIN VIEW, CA	408 324 6593	K	Whisman	9/15/2019
3.	Lauren Chudzic		1500 Layla Ct. Mountain View CA 94041	203-482-1201	2	Lanekels	9/15/18
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5.							




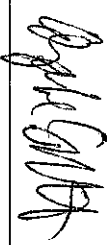

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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	Teresa Suppiman		2050 Monica Way #12 Mountain View, CA	408-248-2648	1st	Bullis	9/15/18
2.							
3.							
4.							
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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	David Thrai		2343 Craig Ct Mountainview 94043	831 708 8809	K	Monte Loma	9/16/18
2.	David Thrai		2343 Craig Ct Mountainview 94043	831 708 8809	2	Monte Loma	9/11/18
3.	Laura Seymour		274 Loreto St Mountain View 94041	650 314 3854	1	Landers	9/11/18
4.	Elizabeth Smith		1631 Grant Rd Mountain View, CA 94040	914-585 3774	K	Huff	9/11/18
5.	Cindy Omi		1425 Village Ct Mountain View, CA 94040	415-260 1882	K	Huff	9/11/18




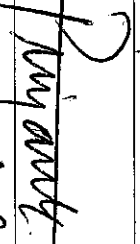
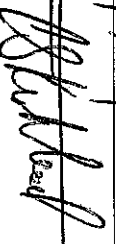
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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1. Rustana Beyken		2434 Rock Str. Ap. 14 Mountain View, CA 94043	650-810-5767	Kindergarten	Monte Loma	9/11/18
2. OLHA Druzhyina		49 Murlagan Ave. Unit A, Mountain View	650-450-3735	1st G	Huff	9/11/18
3. Courtney Murrend		1126 Brande Ave. Mtn View	408-234-9228	<del>1st G</del> 1st G	Bubb	9/11/18
4. RESHMA MEHTA		415 SAINT EMILION MOUNTAIN VIEW, CA	619-448-8814	KINDER GARTEN	THEURKAUF	9/11/18
5. CHUAN QIN		167 Beatria St MV CA 94043	858-357-7134	2nd	Theurkauf	9/11/18

**PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL**

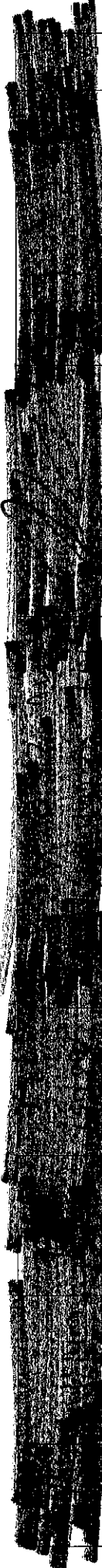
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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1. Elizabeth Stewart		1351 Brookdale Ave Mtn View, CA 94040	408 310 4805	First grade	Bobbs	9/11/18
2. Adam Frost		2511 Alvin St Mtn View, CA 94043	408 718 2805	TK	Monk Lerner	9/11/18
3. Dhwan Shah		1209 Wasatch Dr. Mountain View, 94040	408 540 9072	First Grade	Huff	9/11/18
4. ( <del>Too young</del> ) Pinyant Thotene		1209 Wasatch Dr. Mountain View 94040	408 963 8287	Re School	Appleseed	9/11/18
5. <del>Carmelita Kirklund</del>	<del></del>	<del>313 Cypress Rint Drive, Mountain View 94043</del>	<del>650 772 2021</del>	<del>Pre-K</del>	<del>Theurkauf</del>	<del>9/11/18</del>

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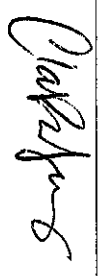

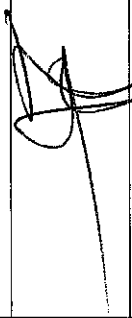
NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF HOOD NEIGHBOR-DISTRICT SCHOOL	DATE
1. <del>Charles Sweethe</del> Charles Sweethe	<del>CS</del>	576 Mountain View Ave Mountain View CA 94040	402-212-2016	5	<del>Coverly</del> CUSD	9/11/18
2. JAYDE NIK Charles Sweethe	JG	201 ADA AVE #33 MV CA 94043	510-390-7849	TK	ARTS MAN	9/11/18
3. Inna Tsirilin	IV	3013 Pyramida way MV CA 94043	650 930 0725	2	Hull	9/11/18
4. Heather Schell	HS	2519 Alvin St MV, CA 94043	415 637 6810	TK, #1	North Loma	9/11/18





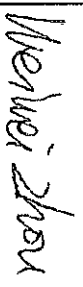




**PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL**

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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	IDA WALKER-OFFIC		723 Cottage Ct YTTV CA 94043	202-390-9742	1st	Altope Loma	Sept. 11, 2018
2.	CLARA LEWIS		235 Fair Oaks Ave #B MTV CA 94040	617459 6931	7st	Monta Loma	9/11/18
3.	TATIANA OLIVEIRA		157 ORTEGA AVE MTV CA 94040	013 407 1047	1st	MONTA LOMA	9/11/18
4.	Hera-Ann Trinh		1040A California St MTV CA 94041	850 482 1145	TK	Landels	9/11/18
5.							

**PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL**

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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	NUMBER OF CHILDREN ENTERING GRADE (FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR) IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1. Meiwei Zhou		1320 Latham Street, Apt #20	6504592600	K	Whisman	08/30/2018
2. Dian Liu		1045 Williams Way, Apt 4	(850) 276-8940	K	Huff	08/30/2018
3. Tiangqing Liao		350 Fay Way	6262989618	K	Montaloma	8/30/2018
4. (out of district) NITESH SHAH		487 TAN OAK TER SUNNYVALE	425 818 3174	2	SCUSD	8/30/18
5. <del>Lizbeth Valencia (too old)</del>	<del></del>	<del>1111 Cali fornia St #25 Mountain View</del>	<del>650 600-2429</del>	<del>3rd + 8th</del>	<del>Castro</del>	<del>8/30/18</del>

**PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL**


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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	NUMBER OF CHILDREN ENTERING GRADE [FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1. <del>ANDREW YEE</del>	<del>[Signature]</del>	<del>1824 MARCOSSA AVE</del>	<del>6509384122</del>	<del>4TH</del>	MV	8/30
2. Li Teng	[Signature]	838 Bay St	6503355578	1	MV	8/30
3. Maria Salgado	[Signature]	1911 California St. Apt 10 Mountain View	(650)839-0000	K 2nd.	MV	8/30
4. Liqun Sheng	[Signature]	1885 California St. Apt 51 MTV	650-669-7673	K	MV	8/30
5. Nadia Togasaki	[Signature]	545 Front Lane Mountain View, CA 94041	(408)805-0309	2nd	Lanadala	8/30





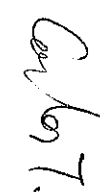
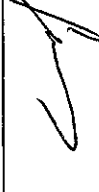

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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	NUMBER OF CHILDREN ENTERING GRADE [FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN 2019-2020	NAME OF NEIGHBORHOOD-DISTRICT SCHOOL	DATE
1.	Inbal Lev		1552 BEER AVENUE	408-080-7194	1	Whisman (Bubb)	8.26.18
2.							
3.							
4.							
5.							

**PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL**

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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	NUMBER OF CHILDREN ENTERING GRADE [FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	William Lee		658 Willowgate St Mountain View, CA 94043	650-976-303	1 1st Gr.	Lanols	9/8
2.	(Out of district) <del>Tara Bar</del>	<del></del>	<del>2747 921 Medo Ct Mountain View, CA 94040</del>	<del>715-732/615</del>	<del>1</del>	<del>LASD</del>	<del>9/8</del>
3.	Carlos Taina		659 Moorpark Way Mountain View CA 94041	408-8628289	1 Kindergarten	Castro	9/8
4.	TASNEM DALAL		2521 WESTFORD WAY MOUNTAIN VIEW, CA 94040	408-348-7657	1 1st Gr.	HUFF GENENTRANCY	9/8
5.	Greg Branner		135 Eldora Drive Mountain View, CA 94041	408-348-0602 408-431-0202	1 1st Gr.	Lanols	9/8

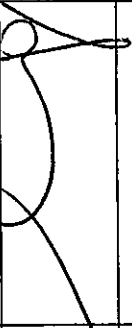
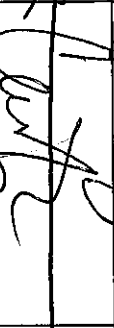

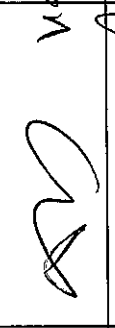

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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	NUMBER OF CHILDREN ENTERING GRADE [FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1. <del>ANITA KETNER</del> <i>(Child too young)</i>	<del>AK</del>	<del>2155 TAMALPAIS ST MV</del>	<del>703-343-5668</del>	<del>1</del>	<del>MV Whisman</del>	<del>SEP 8, 2018</del>
2. <del>TANUTA GOSWAMI</del>	<del>TSG</del>	<del>2455 TAMALPAIS ST MV</del>	<del>513-375-7309</del>	<del>1</del>	<del>MV Whisman</del>	<del>SEP 8, 2018</del>
3. Daniel Wang	<i>[Signature]</i>	126 Brenton Ct. MV 94043	650 215 8977	1	MV Whisman	9/8/2018
4. Daniel Wang	<i>[Signature]</i>	126 Brenton Ct MV 94043	650 215 8977	1	MV Whisman	9/8/2018
5.						

**PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL**



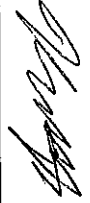



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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	NUMBER OF CHILDREN ENTERING GRADE [FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN 2019-2020	NAME OF HOOD DISTRICT SCHOOL	DATE
1. ALEXIS MCGREGOR		1618 Morgan St. Mountain View, CA	8058409452	1 (1st)	MVUSD Montalona	9/8
2. <del>(out of district) COURT FRISCH</del>	<del></del>	<del>438 DEL MEDIO</del>	<del>510 6066 7726</del>	<del>1 (K)</del>	<del>2</del>	<del>9/8</del>
3. HUI SHU		198 Donyalourt Mountain View, CA 94043	201887 5845	1 <del>and</del> 2nd	Lambels	9/8
4. Cathleen Nilson		363 Shelby Drive Mountain View, CA 94043	650-991 -4248	1 (TK)	MVUSD	9/8
5. Chun-Rai Lin		3216 Pyramid Way Mountain View CA 94043	657220 6502	2	Vargas	9/8



**PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL**

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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	NUMBER OF CHILDREN ENTERING GRADE [FILL IN K ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
Stacy Dow		210 Kuttel Dr. #B MV CA 94043	415-694-9776	2	Slater	9/7/18
Cheryle Grebel		302 Loreto St. Mountain View CA	650-933-6820	1st	Landels	9/13/18
Kristy Kennedy		201 Orchard Glen Ct. MV, CA 94043	415-746-0189	1 (K)	Theunckauf	9/9/18
Nathan Wenzel		431 Nicholas Dr. MV CA 94043	415 763-5866	1 (K)	Landels	9/7/18
Priscilla Kunz		917 Sierra Vista Ave MV CA 94043	650-270-9436	1 (K)	Monte Coma	9/7/18
(Moving to LASD) <del>Denise Horn</del>		1116 Beranda Ave Rtn View, CA 94040	408-425-2638	1 (K)	Bubbs	9/7/18

**PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL**






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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	NUMBER OF CHILDREN ENTERING GRADE FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1. Zhijuan Guo		1094 Nilda Ave, Mountain View 94040	510-725-2664	1-(1st)		09/07/18
2. Rachel Knudsen		928 Wright Ave #604 Mountain View, CA 94043	650-799-2455	1-(K)		9/7/18
3. Weina Liu		330 Alexander Ct, View	650-297750	K	Huff	9/8/2018
4. Karen Chang		3222 Pyramidway, Mountain View, CA 94043	650-341-3674	1-(TK)	Vargan	9/8/18
5. <del>Kevin Wilson</del>	<del></del>	<del>363 Shelley Dr - Mountain View CA 94043</del>	<del>650-648-3644</del>	<del>1-(PK)</del>	<del>Whisman</del>	<del>9/8/18</del>

*(see Catherine Wilson)*

**PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL**


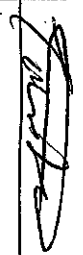
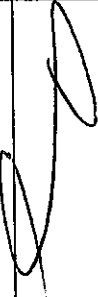

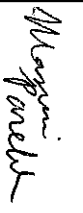
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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	NUMBER OF CHILDREN ENTERING GRADE [FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1. Sunny Yang		3506 Pyramid Way Mountain View	650 284 9922	1-CK	Leavel	9/8/18
2. KAY VAN WINNIE SHUNY		2006 Sun Nok Ave Mountain View CA 94040	408-406- 4939	2nd	Franklin Huff	9/8/18
3. HINH WAT WILLIAM SUE		2006 Sun Nok Ave Mountain View CA 94040	408-406- 9488	1st Grt <del>2nd</del> (2018)	Franklin Huff	9/8/18
4. Elizabeth Lee		4877 Mariposa Mountain View 94041	415-515- 7840	1st	Bubb/ Ladels	9/8/18
5. SHAN JIANG		1033 Crestview Dr, Apt 316 Mountain View, CA 94040	650-776- 5469	1-2nd	Frank Huff	9/8/18

(650-933-8990)

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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	NUMBER OF CHILDREN ENTERING GRADE [FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1. Raz Yurdalov		280 Orchard Avenue Apt M Mountain Jrw, CA 94043	267-879- 3856	1-(K)	Lanoka	09/08/ 18
2. Anthony Erberbroski (See above signature)		280 Orchard Avenue Apt M Mountain CA 94043	415- 706- 2531	1-(K)	Lanoka	09/08/ 18
3. Aarthi Chang		1785 Woodhaven Place MV, CA 94041	503-679- 3784	1-(1st)	Castro	9/8/18
4. Audra Vaisbert		371 View St Mountain View, CA 94041	(310) 482-7222	(No child)	Lanoka	9/8/18
5. Masumi Parekh		660 Willowgate St Mtn View 94043	650 530-0209	1-(K)	Theurkauf	9/8/ 18

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1.	STEFAN PETROVIC	<i>Stefan Petrovic</i>	2211 LATHAM ST 302 MOUNTAIN VIEW CA 94040	713-499-0771	1 (1st)		08/03/18
2.	<del>SMITH LEONG</del>	<del><i>Smith Leong</i></del>	<del>3022 Nashville Dr San Jose, CA 95133</del>	<del>408-962-2222</del>	<del>Preschool</del>		<del>09/09/18</del>
3.	GARY YOUNG	<i>Gary Young</i>	1850 MONTECITO AVE MOUNTAIN VIEW CA 94043	650-743-1060	1 - (TK)		08/09/18
4.	Victoria Wu	<i>Victoria Wu</i>	939 Rincon St Mountain View, CA 94040	650-282-5203	1 - (1st)		9/8/18
5.	Shucka H.	<i>Shucka H.</i>	1094 Nevada Ave Mountain View CA 94040	510-926-9866	1 - (1st)		9/8/18

**PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL**





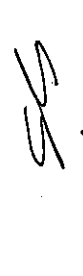
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1. Yin Yu Ho	<i>Yin Yu Ho</i>	716 Petts Ave	321 946 4518	1 - TK	1	2018-08
2. Melissa Buren	<i>Melissa Buren</i>	242 Okeefe Way	650-654 3752	1 - 2nd	MV Whisman	2018-09-08
3. Sarah Mitchell	<i>Sarah Mitchell</i>	213 Hamilton Ave.	650-654 3752	1st	MV Whisman	2018-09-08
4. <del>Out of district</del>	<del>Out of district</del>	<del>688 Lincoln Ave Los Angeles</del>	<del>2073</del>	<del>2nd</del>	<del>ASSD</del>	<del>2018-09-08</del>
5. Apollinaris Schoell	<i>Apollinaris Schoell</i>	2519 Alvin St 92043	223 6014	TK	Mountain View	9/8/18

(Partner signed already)

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	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	NUMBER OF CHILDREN ENTERING GRADE [FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	TSUN-TSUN HO		1349 Gretel Ln. Mountain View, CA 94040	(659) 996-2359	F (2nd)	Bullis	9/8/2018
2.	OSCAR CERUANTES		2640 Miller Avenue Mountain View 94040	415 948-6665	1	Bullis	9/8/18
3.	<del>SONIKH VAND THAKUR</del>	<del></del>	<del>3222 Pyramid Way MV, 94043</del>	<del>408 651-5454</del>	<del>(preschool)</del>	<del>Whisman St</del>	<del>9/18/18</del>
4.	STANLEY DEW		210 KATHLEEN DR #B MV CA 94023	415-694- 9776	2 w 2019	Slater	9/8/18
5.	SRADDHA SANKHA		2139 ATKEN AVENUE MOUNTAIN VIEW 94040	408-598- 7765	1-(K)	Bullis	SEPT 8 <sup>th</sup> 2018

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NAME	SIGNATURE	ADDRESS	PHONE NUMBER	NUMBER OF CHILDREN ENTERING GRADE [FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1. <del>Yiya Yang</del> (out of district)	<del>[Signature]</del>	<del>1711 Chesapeake Ln</del> Mountain View CA 94060	<del>(415) 845-8505</del>	<del>1</del>	<del>Spencer</del>	<del>9/19/2018</del>
2. Ling Qvan	[Signature]	83 Devonshire Ave #8 Mountain View	(415) 953-9026	1-(CK)	Slater	9/18/2018
3. Thi Mai DAN C VA BACQUET	[Signature]	1500 N Whisman Rd, Apt 328 Mountain View	(651) 408-8404	1-(2nd)	Laudels/ Vargas	9/19/2018
4. Anuelian BACQUET	[Signature]	1800 N Whisman Rd, Apt 328 Mountain View	(415) 810-9202	(1) K	Laudels	9/19/2018
5. Geng Shin Chen	[Signature]	3506 Pyramid Way, Mountain View	650 605-5919	(1)-K	Laudel/ Vargas	9/18/2018



**PETICIÓN PARA ESTABLECER LA ESCUELA CHARTER BULLIS MOUNTAIN VIEW CHARTER SCHOOL**

Nosotros, los abajo firmantes, creemos que el chárter adjunta para la creación de Bullis Mountain View Escuela Chárter (la "Escuela Chárter") merece consideración y por la presente solicitamos a la junta directiva del Distrito Escolar Bullis MV Charter que conceda la aprobación del chárter conforme a la Sección 47605 del Código de Educación para permitir la creación de la Escuela Chárter. Los Peticionarios de la Escuela Chárter aceptan operar la Escuela Chárter de conformidad con los términos de la Ley de las Escuelas Chárter y las disposiciones del Chárter de la Escuela Chárter. Los peticionarios autorizan al Equipo de Liderazgo a negociar cualquier enmienda no sustantiva al chárter necesaria para obtener la aprobación. La página de la firma se adjunta a la petición en la firma. Los peticionarios abajo certifican que son padres significativamente interesados en inscribir a sus estudiantes en la Escuela Chárter.

NOMBRE	FIRMA	DIRECCIÓN	NÚMERO DE TELÉFONO	GRADO DEL ESTUDIANTE EN 2019-2020	DISTRITO ESCOLAR	FECHA
1. Fidelia Tahuiton	<i>Fidelia Tahuiton</i>	316 Escuela Ave # 30 Mountain View CA 94040	(650) 461-0538	TK	Mountain View	8/3/18
2. Karen Canoe	<i>Karen Canoe</i>	2255 California St. #225 Mt. View CA 94040	(650) 741-5809	Preschool + 5th	Mt. View	8/3/18
3. Doreen Dlean	<i>Doreen Dlean</i>	1054 Wright Ave #1 Mt. View CA	050	Preschool + 5th	Mt. View	8-3-18
4. Mariana Serrano	<i>Mariana Serrano</i>	130 Kitter Dr Apt B Mt. View CA 94043	(650) 776-1641	1st	Mt. View	8-3-18
5. Maria Guerra	<i>Maria Guerra</i>	876 Escuela Ave #211 Mountain View CA 94041	(650) 468-9277		Mt. View	8-3-18
6. Joana Tahuiton	<i>Joana Tahuiton</i>	316 Escuela Ave #38 Mountain View CA 94040	650-999-1509	6th	Mountain View	8-3-18
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**PETICIÓN PARA ESTABLECER LA ESCUELA BULLIS MOUNTAIN VIEW CHARTER SCHOOL**

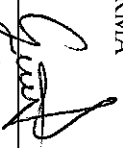

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NOMBRE	FIRMA	DIRECCIÓN	NÚMERO DE TELÉFONO	GRADO DEL ESTUDIANTE	DISTRITO ESCOLAR	FECHA
Maria Paulsta	Maria B.	1476 LAHAM AVE APT 23	650 906 7562	EN 2019 T-K 1	Casho	10-11
Susana Arde	<del>Arde</del>	200 E. Danna St Apt 106 (650) Mountain View CA 94041	376 4651	Preeschool	Castro	10-11
Noemi Amaya	Noemi Amaya	2250 Latham St. #75 Mountain View Ca. 94040	650 476 5706	Kindergarten	Michael	10-11
Esperanza Chauy	Esperanza Chauy	2230 Latham #132 Mountain View Ca. 94040	650 320 3202	1 <sup>o</sup> Prim 2 <sup>o</sup> Prim	Mistral	10-11
Eibete Losaver	<del>Eibete</del>	1895 Edmonday Way apt 4 Mountain View CA 94040	(650) 609 0565	T-K	Mistral	10-11
Marily Silva	Marily Silva	1920 California St. apt. 22 Mountain View CA	650 690 7362	3 <sup>o</sup> Grado	Mistral	10-11
Blanca Pereira	<del>Blanca</del>	2005 Rock St #4 Mountain View CA. 94043	(650) 308-5920	1. Grado	Mistral	10-11

2/10/25


**PETICIÓN PARA ESTABLECER LA ESCUELA BULLIS MOUNTAIN VIEW CHARTER SCHOOL**

Nosotros, los abajo firmantes, creemos que el chárter adjunta para la creación de Bullis Mountain View Escuela Chárter (la "Escuela Chárter") merece consideración y por la presente solicitamos a la junta directiva del Distrito Escolar Bullis MV Charter que conceda la aprobación del chárter conforme a la Sección 47605 del Código de Educación para permitir la creación de la Escuela Chárter. Los Peticionarios de la Escuela Chárter aceptan operar la Escuela Chárter de conformidad con los términos de la Ley de las Escuelas Chárter y las disposiciones del Chárter de la Escuela Chárter. Los peticionarios autorizan al Equipo de Liderazgo a negociar cualquier enmienda no sustantiva al chárter necesaria para obtener la aprobación. La página de la firma se adjunta a la petición en la firma. Los peticionarios abajo certifican que son padres significativamente interesados en inscribir a sus estudiantes en la Escuela Chárter.

	NOMBRE	FIRMA	DIRECCIÓN	NÚMERO DE TELÉFONO	GRADO DEL ESTUDIANTE EN 2019-2020	DISTRITO ESCOLAR	FECHA
1.	Guadalupe Cruz		Mountain View CH 940210	(652) 477-3690	2	Mishal	10-11-18
2.	Isela Hernandez		1990 Latham St Hc Mountain View CH 94010	26501 971-1056	1	Mishal	10-11-18
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4.							
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**PETICIÓN PARA ESTABLECER LA ESCUELA BULLIS MOUNTAIN VIEW CHARTER SCHOOL**

Nosotros, los abajo firmantes, creemos que el chárter adjunta para la creación de Bullis Mountain View Escuela Chárter (la "Escuela Chárter") merece consideración y por la presente solicitamos a la junta directiva del Distrito Escolar Bullis MV Charter que conceda la aprobación del chárter conforme a la Sección 47605 del Código de Educación para permitir la creación de la Escuela Chárter. Los Peticionarios de la Escuela Chárter aceptan operar la Escuela Chárter de conformidad con los términos de la Ley de las Escuelas Chárter y las disposiciones del Chárter de la Escuela Chárter. Los peticionarios autorizan al Equipo de Liderazgo a negociar cualquier enmienda no sustantiva al chárter necesaria para obtener la aprobación. La página de la firma se adjunta a la petición en la firma. Los peticionarios abajo certifican que son padres significativamente interesados en inscribir a sus estudiantes en la Escuela Chárter.

1.	NOMBRE	FIRMA	DIRECCIÓN	NÚMERO DE TELÉFONO	GRADO DEL ESTUDIANTE EN 2019-2020	DISTRITO ESCOLAR	FECHA
2.	Alejandra		1865 Edmundo y Wells	650-7290 2520	2º grado	Bullis Mountain View	10-11-18
3.							
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PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL

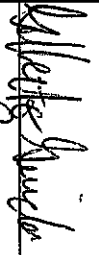



We the undersigned believe that the attached charter for the creation of Bullis Mountain View Charter School (the "Charter School") merits consideration and hereby petition the governing board of the Mountain View Whisman School District to grant approval of the charter pursuant to Education Code Section 47605 to enable the creation of the Charter School. The Petitioners for the Charter School agree to operate the Charter School pursuant to the terms of the Charter Schools Act and the provisions of the Charter School's charter. The petitioners authorize the Leadership Team to negotiate any non-substantive amendments to the charter necessary to secure approval. Signature page is attached to petition upon signature. The petitioners listed below certify that they are parents or guardians who are meaningfully interested in having their children or ward(s) attend the Charter School.

	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	Rebecca Heinrich		25716 Della Ave Mountain View, CA 94043	650-324-5417	K	Marta Lower	Oct 14, 2018
2.	Alma Garcia			650 245 5604			
3.							
4.							
5.							

\* \* \*




## PETICIÓN PARA ESTABLECER LA ESCUELA CHARTER BULLIS MOUNTAIN VIEW CHARTER SCHOOL

Nosotros, los abajo firmantes, creemos que el chárter adjunta para la creación de Bullis Mountain View Escuela Chárter (la "Escuela Chárter") merece consideración y por la presente solicitamos a la junta directiva del Distrito Escolar Bullis MV Charter que conceda la aprobación del chárter conforme a la Sección 47605 del Código de Educación para permitir la creación de la Escuela Chárter. Los Peticionarios de la Escuela Chárter aceptan operar la Escuela Chárter de conformidad con los términos de la Ley de las Escuelas Chárter y las disposiciones del Chárter de la Escuela Chárter. Los peticionarios autorizan al Equipo de Liderazgo a negociar cualquier enmienda no sustantiva al chárter necesaria para obtener la aprobación. La página de la firma se adjunta a la petición en la firma. Los peticionarios abajo certifican que son padres significativamente interesados en inscribir a sus estudiantes en la Escuela Chárter.

	NOMBRE	FIRMA	DIRECCIÓN	NÚMERO DE TELÉFONO	GRADO DEL ESTUDIANTE EN 2019-	DISTRITO ESCOLAR	FECHA
1.	Gilberto Guido		211 Easy St MTN View	650 302 6193	2020 Kinder	Wishman	10/14/18
2.	Filiberto Balboa		1171 Atala Dr Apt #33	sumin. CSO 669	4 <sup>th</sup> PK	Washbas	10/14/18
3.	Maribel Chanez		655 Mosspark way #1	MTN. (650) 418-5953	K	Landels	10/14/18
4.	Keydi Cruz		31 church st #2	mta view (830) 42-74	7 <sup>o</sup>	Landels	10/14/18
5.							
6.							
7.							
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PETITION FOR THE ESTABLISHMENT OF BULLIS MOUNTAIN VIEW CHARTER SCHOOL

We the undersigned believe that the attached charter for the creation of Bullis Mountain View Charter School (the "Charter School") merits consideration and hereby petition the governing board of the Mountain View Whisman School District to grant approval of the charter pursuant to Education Code Section 47605 to enable the creation of the Charter School. The Petitioners for the Charter School agree to operate the Charter School pursuant to the terms of the Charter Schools Act and the provisions of the Charter School's charter. The petitioners authorize the Leadership Team to negotiate any non-substantive amendments to the charter necessary to secure approval. Signature page is attached to petition upon signature. The petitioners listed below certify that they are parents or guardians who are meaningfully interested in having their children or ward(s) attend the Charter School.

	NAME	SIGNATURE	ADDRESS	PHONE NUMBER	GRADE LEVEL STUDENT ENTERING IN 2019-2020	NAME OF NEIGHBORHOOD DISTRICT SCHOOL	DATE
1.	Rian Liu		1045 Williams Way Apt 4, Mountain View, 94040	(650) 276-8940	K	Huff	10/12/2018
2.	Vina Nivesi		967 Trophy Dr. 17th Street 94040	908- 218-5406	1	<del>Huff</del>	10/11 2011
3.	Katharine Stoy		242 Carmelina Dr Mountain View CA 94040	650- 450-6703	K	Huff	10/14 2018
4.							
5.							

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
1349 Gretel Ln. Mountain View, CA 94040	
Street City, State Zip	
<b>Home Phone:</b> (650) 996-2359	<b>Age:</b> _____
<b>Date of Birth:</b> _____	
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> _____	
Bubb	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____
<b>Date of Birth:</b> _____	
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> Y/N (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> _____	
Ho, TSUN-TSUN	
Last, First, Middle	
<b>Home Address:</b> _____	
1349 Gretel Ln. Mountain View, CA 94040	
Street City, State Zip	
<b>Home Phone:</b> (650) 996-2359	<b>Email:</b> _____
tsun_tsun@hotmail.com	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 9/8/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
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**Student Information:**

Name: <u>[REDACTED], [REDACTED]</u> Grade In 2019-20: <u>30</u>	
Last, First, Middle	
Home Address: <u>2381 BROWER AV MOUNTAIN VIEW CA</u>	
Street City, State Zip	
Home Phone: <u>650 248 2556</u> Age: <u>[REDACTED]</u> Date of Birth: <u>[REDACTED]</u>	
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>HJH</u>	
Name: _____ Grade in 2019-20: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>WAGLE, VRISHALI</u>	
Last, First, Middle	
Home Address: <u>same</u>	
Street City, State Zip	
Home Phone: _____ Email: <u>vrishali@gmail.com</u>	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: 09/30/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

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for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: <u>1920 Latham Street, Apt #20, 94040</u> Street City, State Zip	
Home Phone: <u>6504692600</u>	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one) Resident of Mountain View Whisman School District? <u>N</u> (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one) Resident of Mountain View Whisman School District? <u>Y</u> (circle one) If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Zhou Weiwei</u> Last, First, Middle	
Home Address: <u>1920 Latham Street 94040</u> Street City, State Zip	
Home Phone: _____	Email: <u>Lickierzhou1234@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: Weiwei Zhou Date: 08/30/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: <u>[REDACTED]</u> Grade in 2019-20: <u>[REDACTED]</u>	
Last, First, Middle	
Home Address: <u>431 Nicholas Dr MV 94043</u>	
Street City, State Zip	
Home Phone: <u>415 763 5366</u>	Age: <u>[REDACTED]</u> Date of Birth: <u>[REDACTED]</u>
Current Bullis Mountain View Charter School student? <u>Y/N</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y/N</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>St. Landels</u>	
Name: _____ Grade in 2019-20: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y/N</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y/N</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Wenzel, Nathan Drewlter</u>	
Last, First, Middle	
Home Address: <u>431 Nicholas Dr MV CA 94043</u>	
Street City, State Zip	
Home Phone: <u>415 763 5366</u>	Email: <u>nateasa@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: 9/7/18

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> <u>126 Brenton Ct Mountain View, CA 94043</u> Street City, State Zip	
<b>Home Phone:</b> <u>650 215-8977</u>	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> (circle one) <b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> (circle one) <b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> <u>currently private (St. Simon)</u>	
<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> <u>126 Brenton Ct. Mountain View, CA 94043</u> Street City, State Zip	
<b>Home Phone:</b> <u>650 215 8977</u>	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> (circle one) <b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> (circle one) <b>If yes, please list the district school you would otherwise attend:</b> <u>private (St. Simon)</u>	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> <u>Weng, Daniel, M</u> Last, First, Middle	
<b>Home Address:</b> <u>126 Brenton Ct mountain View, CA 94043</u> Street City, State Zip	
<b>Home Phone:</b> <u>650 215 8977</u>	<b>Email:</b> <u>daniel.weng@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Date:** 9/8/2018

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

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Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: <u>[REDACTED] WILLIAMS</u> Grade in 2019-20: <u>[REDACTED]</u>	
Last, First, Middle	
Home Address: <u>473 Central Ave, Mountain View CA 94043</u>	
Street City, State Zip	
Home Phone: <u>650 906 1474</u>	Age: <u>[REDACTED]</u> Date of Birth: <u>[REDACTED]</u>
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Landers</u>	
Name: _____ Grade in 2019-20: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Williams Brian Donno</u>	
Last, First, Middle	
Home Address: <u>473 Central Ave Mountain View ca 94043</u>	
Street City, State Zip	
Home Phone: <u>650 906 1474</u>	Email: <u>bullis@chromaticgray.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: 9/14/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
280 Orchard Avenue, Apt M, Mountain View, Street City, State Zip CA 94043	
<b>Home Phone:</b> 267-879-3856	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student? Y/N (circle one)</b> <b>Resident of Mountain View Whisman School District? Y/N (circle one)</b> <b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> Stevenson	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student? Y/N (circle one)</b> <b>Resident of Mountain View Whisman School District? Y/N (circle one)</b> <b>If yes, please list the district school you would otherwise attend:</b> _____ <b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> Yurddaser, IRAZ	
Last, First, Middle	
<b>Home Address:</b> _____	
280 Orchard Avenue, Apt M, Mountain View, Street City, State Zip Mountain CA 94043	
<b>Home Phone:</b> 267-879-3856	<b>Email:</b> irazyur@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 09/08/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022: 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: _____ 1033 Crestview Dr, Apt 316, CA 94040 Street City, State Zip	
Home Phone: 650-776-5469	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y/ <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y/ <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: Frank Huf	
Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y/ <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y/ <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ Jiang, Shan Last, First, Middle	
Home Address: _____ 1033 Crestview Dr, Apt 316, CA 94040 Street City, State Zip	
Home Phone: 650-776-5469	Email: jiangshan0628@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9/8/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> <u>716 Pettis Ave</u> Street City, State Zip	
<b>Home Phone:</b> <u>321 946 4518</u>	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student? Y/N (circle one)</b> <b>Resident of Mountain View Whisman School District? Y/N (circle one)</b> <b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> <u>Edith Lendal Elementary</u>	
<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> _____ Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student? Y/N (circle one)</b> <b>Resident of Mountain View Whisman School District? Y/N (circle one)</b> <b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> <u>Ho, Yin Yu,</u> Last, First, Middle	
<b>Home Address:</b> <u>716 Pettis Ave</u> Street City, State Zip	
<b>Home Phone:</b> <u>321 946 4518</u>	<b>Email:</b> <u>yinyuho@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** Ho Yin Yu **Date:** 2018-09-08  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de chárter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: _____	Grado en el año 2019-20: _____
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: <u>California st # 192 Mountain View</u>	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
<b>Estudiante 2:</b>	
Nombre: _____	Grado en el año 2019-20: _____
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: <u>Edwin Molina Gonzalez</u>	Apellido, Primer Nombre, Segundo Nombre
Domicilio: _____	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>408/212-0971</u> Correo Electrónico: <u>stherwinjunior@gmail.com</u>	

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: \_\_\_\_\_ Fecha: 10/21/18  
**¡¡¡IMPORTANTE!!** Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989

**Bullis Mountain View Charter School Charter School**  
**Documentación de Intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de chárter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

**Estudiante 1:**

Nombre: [Redacted] Grado en el año 2019-20: [Redacted]  
Apellido, Primer Nombre, Segundo Nombre

Domicilio: 200 E. Dana St. Apt. 10 Mountain View CA 94041  
Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: (650) 776 4651 Edad del Estudiante: [Redacted] Fecha de Nacimiento: [Redacted]

¿Estudiante actual de Bullis Mountain View Charter School Si/No (marque uno)  
 ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno)  
 Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: \_\_\_\_\_

**Estudiante 2:**

Nombre: [Redacted] Grado en el año 2019-20: [Redacted]  
Apellido, Primer Nombre, Segundo Nombre

Domicilio: 200 E. Dana St. Apt. 10 Mountain View CA 94041  
Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: (650) 776 4651 Edad del Estudiante: [Redacted] Fecha de Nacimiento: [Redacted]

¿Estudiante actual de Bullis Mountain View Charter School Si/No (marque uno)  
 ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno)  
 Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: \_\_\_\_\_

Nombre del padre o tutor legal: Susana E. Hernández  
Apellido, Primer Nombre, Segundo Nombre

Domicilio: 200 E. Dana St. Apt. 10 Mountain View CA 94041  
Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: (650) 776 4651 Correo Electrónico: s.ehernandez@gmail.com

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: [Signature] Fecha: 10/11/2018  
 ¡¡¡IMPORTANTE!! Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: <u>2570 Dell Ave Mountain View, CA 94043</u> Street City, State Zip	
Home Phone: <u>050-224-5417</u> Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Monte Loma</u>	
Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: _____ Street City, State Zip	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input type="radio"/> Y/N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Heinrich, Rebecca Quinn</u> Last, First, Middle	
Home Address: <u>2570 Dell Ave Mountain View, CA 94043</u> Street City, State Zip	
Home Phone: <u>1050-224-5417</u> Email: <u>Rheinrich@attlook.com</u>	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 10/14/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
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**Student Information:**

Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: <u>202 Montebello Ave #12 Mountain View, CA 94043</u> <small>Street City, State Zip</small>	
Home Phone: <u>408-499-1774</u>	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Theuerkauf Elementary</u>	
Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Hagem, Andrea Michelle</u> <small>Last, First, Middle</small>	
Home Address: <u>202 Montebello Ave #12 Mountain View, CA 94043</u> <small>Street City, State Zip</small>	
Home Phone: <u>408-499-1774</u>	Email: <u>avis4030@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: Andrea Hagem Date: 9/19/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
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DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: _____ Grade In 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: <u>1909 Hackett Ave #11 Mtn. View 94043</u> <small>Street City, State Zip</small>	
Home Phone: <u>650 254 0161</u> Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: <u>Harvey</u> Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Harvey, Aushard Givonna</u> <small>Last, First, Middle</small>	
Home Address: <u>1909 Hackett Ave #11 Mtn. View 94043</u> <small>Street City, State Zip</small>	
Home Phone: <u>(650) 387 2008</u> Email: <u>givonna@gmail.com</u>	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: *Aushard Harvey* Date: 10/20/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
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**Student Information:**

Name: _____	Grade In 2019-20: _____
Last, First, Middle	
Home Address: <u>202 Montebello Ave. #14 Mountain View, CA 94043</u>	
Street City, State Zip	
Home Phone: <u>585-690-8137</u>	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Therukauf</u>	
Name: _____ Grade in 2019-20: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>HART, LESLIE</u>	
Last, First, Middle	
Home Address: <u>SAME AS ABOVE</u>	
Street City, State Zip	
Home Phone: <u>SAME</u>	Email: <u>leslie_hart@hotmail.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: Leslie Hart Date: 10/9/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de carácter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: _____ Apellido, Primer Nombre, Segundo Nombre	Grado en el año 2019-20: _____
Domicilio: <u>2035 Plymouth St. Apt. #6 Mtn. View, CA 94043</u> Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>(650) 417-8539</u>	Edad del Estudiante: _____ Fecha de Nacimiento: _____
<input checked="" type="checkbox"/> Estudiante actual de Bullis Mountain View Charter School <b>Sí/No</b> (marque uno) <input checked="" type="checkbox"/> Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <b>Sí/No</b> (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: <u>Theurakau Elementary</u>	
<b>Estudiante 2:</b>	
Nombre: _____ Apellido, Primer Nombre, Segundo Nombre	Grado en el año 2019-20: _____
Domicilio: _____ Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
<input checked="" type="checkbox"/> Estudiante actual de Bullis Mountain View Charter School <b>Sí/No</b> (marque uno) <input checked="" type="checkbox"/> Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <b>Sí/No</b> (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: <u>Mendez Yaneth Guadalupe</u> Apellido, Primer Nombre, Segundo Nombre	
Domicilio: <u>2035 Plymouth St. Apt. #6 Mtn. View, CA</u> Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>(650) 417-8539</u>	Correo Electrónico: <u>Yaneth_e1818@hotmail.com</u>

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: Yaneth Mendez Fecha: 10/10/18  
**¡¡¡IMPORTANTE!!** Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022: 650-947-4989

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: <u>159 Dalma Dr. MT View, CA. 94041.</u> Street City, State Zip	
Home Phone: <u>650-4503538</u> Age: <u>5</u>	Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y/ <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y/ <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y/ <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y/ <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Ye, Lily</u> Last, First, Middle	
Home Address: <u>159 Dalma Dr. MT View, CA. 94041</u> Street City, State Zip	
Home Phone: <u>650-4503538</u>	Email: <u>jiang_12345@yahoo.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: *M. Ye* Date: 10/27/18.

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School Charter School**  
**Documentación de Intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de carácter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

**Estudiante 1:**

Nombre: \_\_\_\_\_ Grado en el año 2019-20: \_\_\_\_\_  
 Apellido, Primer Nombre, Segundo Nombre

Domicilio: \_\_\_\_\_  
 Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: 650 518-1140 Edad del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno)  
 ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno)  
 Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: \_\_\_\_\_

**Estudiante 2:**

Nombre: \_\_\_\_\_ Grado en el año 2019-20: \_\_\_\_\_  
 Apellido, Primer Nombre, Segundo Nombre

Domicilio: \_\_\_\_\_  
 Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: \_\_\_\_\_ Edad del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno)  
 ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno)  
 Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: \_\_\_\_\_

Nombre del padre o tutor legal: Gomez Irma  
 Apellido, Primer Nombre, Segundo Nombre

Domicilio: 316 Escuela Ave # 29 Mountain View CA 94040  
 Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: 650 518-1140 Correo Electrónico: irmagomez20@gmail.com

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: Irma Gomez Fecha: 8/30/18  
 ¡¡¡IMPORTANTE!! Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022: 650-947-4989

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____	Grade In 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Landels</u>	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Email: _____

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: Cheryl Date: 9/7/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
151 Meddora Way, CA 94041	
Street City, State Zip	
Home Phone: 650-933-6088	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
_____	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Same	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____	
Cass / KZ	
Last, First, Middle	
Home Address: _____	
Same	
Street City, State Zip	
Home Phone: _____	Email: jen.lieu@guardian.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: 9/30/18

**IMPORTANT!! Return by September 28, 2018 In person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de chárter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: _____	Grado en el año 2019-20: _____
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____	
302 FASY ST #45 MV 94043	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: 209 855 6211	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: <u>GABRIELA MESTRAL, THEUERKAUF</u>	
<b>Estudiante 2:</b>	
Nombre: _____	Grado en el año 2019-20: _____
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: _____	
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Correo Electrónico: _____

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: \_\_\_\_\_ Fecha: 8/30/18  
**¡¡¡IMPORTANTE!! Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022: 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de charter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: _____ Apellido, Primer Nombre, Segundo Nombre	Grado en el año 2019-20: _____
Domicilio: <u>1865 Ednamary way apt E mountain view CA 94040</u> Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>650 290-2520</u>	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School <u>Si/No</u> (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <u>Si/No</u> (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
<b>Estudiante 2:</b>	
Nombre: _____ Apellido, Primer Nombre, Segundo Nombre	Grado en el año 2019-20: _____
Domicilio: _____ Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School <u>Si/No</u> (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <u>Si/No</u> (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: <u>Hernandez Santiago Alejandra</u> Apellido, Primer Nombre, Segundo Nombre	
Domicilio: <u>1865 Ednamary way apt E mountain view CA 94040</u> Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>650-290-2520</u>	Correo Electrónico: _____

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: [Firma] Fecha: 10-11-18  
**¡¡¡IMPORTANTE!!** Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	_____
2511 Alvin St Mountain View, CA 94043	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____
408 718 2805 _____	
<b>Date of Birth:</b> _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Mountain View	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	_____
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____
_____	
<b>Date of Birth:</b> _____	
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> _____	_____
Trust Adam	
Last, First, Middle	
<b>Home Address:</b> _____	_____
2511 Alvin St Mountain View CA 94043	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Email:</b> _____
408 718 2805 atrust@gmail.com	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Date:** 9/11/18

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de Intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de charter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

**Estudiante 1:**

Nombre: \_\_\_\_\_ Grado en el año 2019-20: \_\_\_\_\_  
Apellido, Primer Nombre, Segundo Nombre

Domicilio: 1990 Latham St #4 Mountain View CA 94040  
Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: (650) 471 3690 Edad del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno)  
 ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno)  
 Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: M. Street

**Estudiante 2:**

Nombre: \_\_\_\_\_ Grado en el año 2019-20: \_\_\_\_\_  
Apellido, Primer Nombre, Segundo Nombre

Domicilio: \_\_\_\_\_  
Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: \_\_\_\_\_ Edad del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno)  
 ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno)  
 Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: \_\_\_\_\_

Nombre del padre o tutor legal: Cavendish Law  
Apellido, Primer Nombre, Segundo Nombre

Domicilio: 1990 Latham St #4 Mountain View CA 94040  
Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: (650) 471 3690 Correo Electrónico: lucelawson@grail.com

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: \_\_\_\_\_ Fecha: 10-11-18  
**¡¡¡IMPORTANTE!! Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<p>→ <b>Name:</b> _____ Last, First, Middle</p> <p><b>Home Address:</b> _____ Street City, State Zip</p> <p><b>Home Phone:</b> 650-625-9171 <b>Age:</b> _____ <b>Date of Birth:</b> _____</p> <p><b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)  <b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)  <b>If yes, please list the school within the District your son/daughter would otherwise attend:</b>  <u>Theerrcrauf</u></p>	<p><b>Grade in 2019-20:</b> _____</p>
<p><b>Name:</b> _____ Last, First, Middle</p> <p><b>Home Address:</b> _____ Street City, State Zip</p> <p><b>Home Phone:</b> _____ <b>Age:</b> _____ <b>Date of Birth:</b> _____</p> <p><b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one)  <b>Resident of Mountain View Whisman School District?</b> Y/N (circle one)  <b>If yes, please list the district school you would otherwise attend:</b> _____</p> <p><b>Parent/Legal Guardian Information:</b></p> <p>→ <b>Parent/Legal Guardian Name:</b> <u>Kennedy, Kristy, Lynn</u> Last, First, Middle</p> <p><b>Home Address:</b> <u>261 Orchard Glen Ct., MV, 94043</u> Street City, State Zip</p> <p><b>Home Phone:</b> 650-625-9171 <b>Email:</b> _____</p>	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

→ **Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 9/8/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by October 26, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ <small>Last, First, Middle</small>	Grade in 2019-20: _____
Home Address: <u>333 Escuela ave, apt 141</u> <small>Street City, State Zip</small>	
Home Phone: <u>650-2106804</u> Age: _____	Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____ <small>Last, First, Middle</small>	Grade in 2019-20: _____
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y/N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
<b>Parent/Legal Guardian Information:</b>	
Parent/Legal Guardian Name: <u>Sergey Firsov</u> <small>Last, First, Middle</small>	
Home Address: <u>333 Escuela ave, apt 141</u> <small>Street City, State Zip</small>	
Home Phone: <u>650-2106804</u>	Email: <u>sfirsov1972@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: 10/21/18

**IMPORTANT!** Return by October 26, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: <u>[REDACTED]</u> Grade in 2019-20: <u>[REDACTED]</u>	
Last, First, Middle	
Home Address: <u>210 Kutler Dr #13 MN CA 94043</u>	
Street City, State Zip	
Home Phone: <u>415-694-9776</u>	Age: <u>[REDACTED]</u> Date of Birth: <u>[REDACTED]</u>
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Slater</u>	
Name: <u>[REDACTED]</u> Grade in 2019-20: <u>[REDACTED]</u>	
Last, First, Middle	
Home Address: <u>Same as above</u>	
Street City, State Zip	
Home Phone: <u>11</u>	Age: <u>[REDACTED]</u> Date of Birth: <u>[REDACTED]</u>
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Dow, Stacy Ruth</u>	
Last, First, Middle	
Home Address: <u>Same as above</u>	
Street City, State Zip	
Home Phone: <u>11</u>	Email: <u>Stacyrdow@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature]

Date: 9/7/18

**IMPORTANT!! Return by September 28, 2018 In person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ 49 Murlagan Avenue, Unit A, Mountain View, CA, 94043 Street City, State Zip	
Home Phone: (650)450-3735	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Stevenson Elementary</u>	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y/N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ <u>Druzhynina OLHA</u> Last, First, Middle	
Home Address: _____ 49 Murlagan Avenue, Unit A, Mountain View, CA, 94043 Street City, State Zip	
Home Phone: (650)450-3735	Email: <u>olha.druzhynina@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9/11/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by October 26, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

--

Name: \_\_\_\_\_ Grade in 2019-20: \_\_\_\_\_  
Last, First, Middle

Home Address: \_\_\_\_\_  
91 Eldora Drive Mountain View, CA 94041  
Street City, State Zip

Home Phone: (408) 207-5439 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Bullis Mountain View Charter School student?  Y  N (circle one)  
Resident of Mountain View Whisman School District?  Y  N (circle one)  
If yes, please list the school within the District your son/daughter would otherwise attend:  
Lands

Name: \_\_\_\_\_ Grade in 2019-20: \_\_\_\_\_  
Last, First, Middle

Home Address: \_\_\_\_\_  
Street City, State Zip

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Bullis Mountain View Charter School student? Y/N (circle one)  
Resident of Mountain View Whisman School District? Y/N (circle one)  
If yes, please list the district school you would otherwise attend: \_\_\_\_\_  
Parent/Legal Guardian Information:

Parent/Legal Guardian Name: \_\_\_\_\_  
Elivitsky, Leah, May  
Last, First, Middle

Home Address: \_\_\_\_\_  
91 Eldora Drive Mountain View, CA 94041  
Street City, State Zip

Home Phone: (408) 207-5439 Email: Leah.Elivitsky@yahoo.com

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: Leah May Elivitsky Date: 10/19/18

**IMPORTANT!! Return by October 26, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de carácter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
→ Nombre: _____ Grado en el año 2019-20: _____ Apellido, Primer Nombre, Segundo Nombre	
→ Domicilio: <u>316 Escuela Ave Apt H19 Mountain View ca 94040</u> Calle, Ciudad, Estado, Código Postal	
→ Teléfono de Casa: <u>(650) 968 6526</u> Edad del Estudiante: _____ Fecha de Nacimiento: _____	
¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
<b>Estudiante 2:</b>	
Nombre: _____ Grado en el año 2019-20: _____ Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____ Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____ Edad del Estudiante: _____ Fecha de Nacimiento: _____	
¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
→ Nombre del padre o tutor legal: <u>Felipa Cruz</u> Apellido, Primer Nombre, Segundo Nombre	
Domicilio: <u>316 Escuela Ave Apt H19</u> Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____ Correo Electrónico: <u>hannahyoel23@yahoo.com</u>	

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

→ Firma del Padre o Tutor Legal: \_\_\_\_\_ Fecha: 10-16-18  
**¡¡¡IMPORTANTE!! Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

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**Student Information:**

Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> /N (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> /N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Bubb	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? Y/ <u>N</u> (circle one)	
Resident of Mountain View Whisman School District? Y/ <u>N</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____	
Lev, Inbal	
Last, First, Middle	
Home Address: _____	
same	
Street City, State Zip	
Home Phone: _____	Email: _____
same	inbaldo@gmail.com

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: 8-26-18

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

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**Student Information:**

Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: _____ 915 FARLEY ST. Mountain View, CA - Street City, State Zip	
Home Phone: 323-397-0035	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y/N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ DESAT KANDARP Last, First, Middle	
Home Address: _____ SARIE Street City, State Zip	
Home Phone: 323-397-0035	Email: KANDARPDESAT@GMAIL.COM

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian:  Date: 09/18/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022-650-947-4989**

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**Student Information:**

Name: _____ Grade In 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input type="radio"/> Y/N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Email: _____	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: Dinah Courtis Date: 10/20/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**



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**Student Information:**

<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> 213 Palmita Pl, Mountain View, CA 94041 Street City, State Zip	
<b>Home Phone:</b> 650-919-3420	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one) <b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one) <b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> Landels	
<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> _____ Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one) <b>Resident of Mountain View Whisman School District?</b> Y/N (circle one) <b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> Chung, Di-Yan Last, First, Middle	
<b>Home Address:</b> 213 Palmita Pl, Mountain View, CA 94041 Street City, State Zip	
<b>Home Phone:</b> 650-919-3420	<b>Email:</b> diyanchung@gmail.com

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 9-28-18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> 1045 Williams Way Apt 4, Mountain View, CA 94040 Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one) <b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one) <b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> Huff _____	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> _____ Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one) <b>Resident of Mountain View Whisman School District?</b> Y/N (circle one) <b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> Liu, Qian Last, First, Middle	
<b>Home Address:</b> 1045 Williams Way Apt 4, Mountain View, CA 94040 Street City, State Zip	
<b>Home Phone:</b> (650) 276-8940	<b>Email:</b> liugiannl@gmail.com

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 10/12/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ <small>Last, First, Middle</small>	Grade in 2019-20: _____
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: <u>415-706-2531</u> Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>STEVENSON</u>	
Name: _____ <small>Last, First, Middle</small>	Grade in 2019-20: _____
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? Y/N (circle one)	
Resident of Mountain View Whisman School District? Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Esterbrook, Anthony</u> <small>Last, First, Middle</small>	
Home Address: <u>280 Orchard Avenue, Apt M, Mountain View, CA 94043</u> <small>Street City, State Zip</small>	
Home Phone: <u>415-706-2531</u> Email: <u>tonyesterbrook@gmail.com</u>	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 09/08/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

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**Student Information:**

Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>CHU SING YUN</u> <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: <u>408-4801938</u> Email: _____	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: Brian Chu 8/23 Date: 9/5/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> <u>1785 Woodhaven Place</u> <u>Mtn View 94041</u> Street City, State Zip	
<b>Home Phone:</b> <u>503-679-3784</u>	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one) <b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one) <b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> <u>Castro Elementary</u>	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> _____ Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one) <b>Resident of Mountain View Whisman School District?</b> Y/N (circle one) <b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> <u>CHARY, AARTHI</u> Last, First, Middle	
<b>Home Address:</b> <u>same 1785 Woodhaven Place 94041</u> Street City, State Zip	
<b>Home Phone:</b> <u>same</u>	<b>Email:</b> <u>aarthi and paul@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Date:** 9/8/18

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4089**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
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→ **Student Information:**

Name: [REDACTED], [REDACTED]	Grade in 2019-20: <u>6</u>
Last, First, Middle	
Home Address: <u>933 BARBARA AVE, MOUNTAIN VIEW, CA, 94040</u>	
Street City, State Zip	
Home Phone: <u>469 958 9090</u>	Age: <u>4</u> Date of Birth: [REDACTED]
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>B.V.B.S</u>	
Name: [REDACTED], [REDACTED]	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? Y/N (circle one)	
Resident of Mountain View Whisman School District? Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>JAGRALAPUDI, PUNEET</u>	
Last, First, Middle	
Home Address: <u>933 BARBARA AVE, MOUNTAIN VIEW CA 94040</u>	
Street City, State Zip	
Home Phone: <u>469 958 9090</u>	Email: <u>jipuneet@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: 10/20/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de Intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de chárter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: _____ <small>Apellido, Primer Nombre, Segundo Nombre</small>	Grado en el año 2019-20: _____
Domicilio: _____ <small>Calle, Ciudad, Estado, Código Postal</small>	
Teléfono de Casa: (650) 625-8172 Edad del Estudiante: _____ Fecha de Nacimiento: _____	
¿Estudiante actual de Bullis Mountain View Charter School <input checked="" type="radio"/> Sí <input type="radio"/> No (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <input checked="" type="radio"/> Sí <input type="radio"/> No (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
<b>Estudiante 2:</b>	
Nombre: _____ <small>Apellido, Primer Nombre, Segundo Nombre</small>	Grado en el año 2019-20: _____
Domicilio: _____ <small>Calle, Ciudad, Estado, Código Postal</small>	
Teléfono de Casa: _____ Edad del Estudiante: _____ Fecha de Nacimiento: _____	
¿Estudiante actual de Bullis Mountain View Charter School <input type="radio"/> Sí <input type="radio"/> No (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <input type="radio"/> Sí <input type="radio"/> No (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: <u>Chavez Maribel</u> <small>Apellido, Primer Nombre, Segundo Nombre</small>	
Domicilio: <u>655 Moorpark way #1, Mountain view CA 94041</u> <small>Calle, Ciudad, Estado, Código Postal</small>	
Teléfono de Casa: <u>650-625 8172</u>	Correo Electrónico: <u>juan.c75@hotmail.com</u>

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: Maribel Chavez Fecha: 10/14/18  
**¡¡¡IMPORTANTE!!!** Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022: 650-947-4989

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

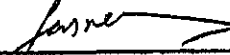
Dear current and potential Bullis Mountain View Charter School parents/guardians:

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**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____ <b>Age:</b> _____ <b>Date of Birth:</b> _____	
<b>Current Bullis Mountain View Charter School student?</b> <u>Y/N</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>Y/N</u> (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> _____	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____ <b>Age:</b> _____ <b>Date of Birth:</b> _____	
<b>Current Bullis Mountain View Charter School student?</b> <u>Y/N</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>Y/N</u> (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> <u>DALAL TASNEEM</u>	
Last, First, Middle	
<b>Home Address:</b> <u>2521 WESTFORD WAY, MV 94040</u>	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Email:</b> <u>DALAL.TAS@GMAIL.COM</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:**  **Date:** 9/8/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> 213 Hamilton Ave, MV, 94043	
Street City, State Zip	
<b>Home Phone:</b> 650-656-3752	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> Monte Lemos	
_____	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> Y/N (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> Mitchell, Sarah	
Last, First, Middle	
<b>Home Address:</b> 213 Hamilton Ave, MV, 94043	
Street City, State Zip	
<b>Home Phone:</b> 650-656-3752	<b>Email:</b> drsarahmitchell@hotmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** [Signature] **Date:** \_\_\_\_\_  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by October 26, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: <u>840 Alice Ave #17 Mountain View 94041 (CA)</u> Street City, State Zip	
Home Phone: <u>650 422 0200</u> Age: _____	Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Landels elementary school Mountain View</u>	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: <u>840 Alice Ave #17 Mountain View 94041 (CA)</u> Street City, State Zip	
Home Phone: <u>650 422 0200</u> Age: _____	Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)	
If yes, please list the district school you would otherwise attend: <u>Landels elementary school Mountain View</u>	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Kaur Jarvis</u> Last, First, Middle	
Home Address: <u>840 Alice Ave #17 Mountain View 94041 (CA)</u> Street City, State Zip	
Home Phone: <u>650 422 0200</u>	Email: <u>Kaur85jarvis@yahoo.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: Jarvis Kaur Date: 10/22/18  
**IMPORTANT!! Return by October 26, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> <u>928 Wright Ave, #604, Mtn View, CA 94043</u>	
Street City, State Zip	
<b>Home Phone:</b> <u>(650) 799-2458</u>	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y/N</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>Y/N</u> (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> <u>Thuerkaut Elementary</u>	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y/N</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>Y/N</u> (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> <u>Knudsen, Rachel, Ahern</u>	
Last, First, Middle	
<b>Home Address:</b> <u>928 Wright Ave, #604, Mtn View, CA 94043</u>	
Street City, State Zip	
<b>Home Phone:</b> <u>(650) 799-2458</u>	<b>Email:</b> <u>rachelaknudsen@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** Rachel A Knudsen **Date:** 9/7/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**


Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> 917 Sierra Vista Ave Apt M MV CA 94043	
Street City, State Zip	
<b>Home Phone:</b> 650 2709436	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> Kunz Priscilla Bereza	
Last, First, Middle	
<b>Home Address:</b> 917 Sierra Vista Ave Apt M MV CA 94043	
Street City, State Zip	
<b>Home Phone:</b> 650 2709436	<b>Email:</b> pbereza@me.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:**  **Date:** 9/7/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____ <small>Last, First, Middle</small>	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> 157 ORTEGA AVE, MTV, CA 94040 <small>Street City, State Zip</small>	
<b>Home Phone:</b> 813 407 1047	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> Y/N (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> MONTA LOMA	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
<small>Last, First, Middle</small>	
<b>Home Address:</b> _____ <small>Street City, State Zip</small>	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> Y/N (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> _____ <small>Last, First, Middle</small>	
<b>Home Address:</b> _____ <small>Street City, State Zip</small>	
<b>Home Phone:</b> _____	<b>Email:</b> _____

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 07/13/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

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**Student Information:**

Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: <u>236 E Middlefield Rd Mountain View CA 94043</u> <small>Street City, State Zip</small>	
Home Phone: <u>408-259-1349</u> Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Lai, Herbert</u> <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Email: <u>herbhilai@yahoo.com</u>	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9-30-18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de Intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener Instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de charter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: _____ Apellido, Primer Nombre, Segundo Nombre	Grado en el año 2019: _____
Domicilio: <u>1895 Ednamary Way apt A, Mountain View CA 94041</u> Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>(650) 669-0565</u>	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
<b>Estudiante 2:</b>	
Nombre: _____ Apellido, Primer Nombre, Segundo Nombre	Grado en el año 2019-20: _____
Domicilio: _____ Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: <u>Eriberto Lozano</u> Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____ Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Correo Electrónico: _____

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: [Signature] Fecha: 10/11/2018  
**¡¡¡IMPORTANTE!!** Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022: 650-947-4989

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

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**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
487 Mariposa Ave Mountain View CA 94041	
Street City, State Zip	
<b>Home Phone:</b> 415 515 7840	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
if yes, please list the school within the District your son/daughter would otherwise attend: _____	
_____	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input type="radio"/> Y <input type="radio"/> N (circle one)	
if yes, please list the district school you would otherwise attend: _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> _____	
Lee, Elizabeth Lee	
Last, First, Middle	
<b>Home Address:</b> _____	
487 Mariposa Ave Mountain View CA 94041	
Street City, State Zip	
<b>Home Phone:</b> 415 515 7840	<b>Email:</b> amaraltee@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 9/8/18

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
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**Student Information:**

Name: _____	Grade In 2019-20: _____
<small>Last, First, Middle</small>	
Home Address: <u>658 Willoughby St, Mountain View, CA 94043</u>	
<small>Street City, State Zip</small>	
Home Phone: <u>650 776 3103</u>	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y/N</u> (circle one) Resident of Mountain View Whisman School District? <u>Y/N</u> (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: <u>Lanada</u>	
Name: _____	Grade in 2019-20: _____
<small>Last, First, Middle</small>	
Home Address: _____	
<small>Street City, State Zip</small>	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y/N</u> (circle one) Resident of Mountain View Whisman School District? <u>Y/N</u> (circle one) If yes, please list the district school you would otherwise attend: _____ Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____	
<small>Last, First, Middle</small>	
Home Address: <u>658 Willoughby St, Mountain View, CA 94043</u>	
<small>Street City, State Zip</small>	
Home Phone: <u>650 776 3103</u>	Email: <u>William1@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian:  Date: 9/8/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: _____ <small>Last, First, Middle</small>	Grade in 2019-20: _____
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: <u>650-810-4899</u> Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Landels</u>	
Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Jiffy Lee</u> <small>Last, First, Middle</small>	
Home Address: <u>134 Azalea Drive Mountain View, CA 94041</u> <small>Street City, State Zip</small>	
Home Phone: <u>650-810-4899</u> Email: <u>lee.family88@gmail.com</u>	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: Jiffy Lee Date: 9/28/18  
**IMPORTANT!! Return by September 28, 2018** In person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022: 650-947-4989

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: <u>848 E DANA ST, MOUNTAIN VIEW</u>	
Street City, State Zip	
Home Phone: <u>650 223 9441</u>	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>EDITH LANDERS</u>	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>LEE, JEFF</u>	
Last, First, Middle	
Home Address: <u>AS ABOVE</u>	
Street City, State Zip	
Home Phone: <u>650 223 9441</u>	Email: <u>jleechanam@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9/5/2018  
**IMPORTANT!! Return by September 28, 2018** in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
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**Student Information:**

Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
235 Fair Oaks Ave Apt B	
Street City, State Zip	
Home Phone: 617 459 6931	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend:	
Monta Loma	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Email: _____

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: *[Signature]* Date: 9/11/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Last, First, Middle	Grade In 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one) Resident of Mountain View Whisman School District? <u>Y</u> (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: _____ <u>Varies Elementary School</u>	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? Y/N (circle one) Resident of Mountain View Whisman School District? Y/N (circle one) If yes, please list the district school you would otherwise attend: _____ Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ Last, First, Middle	
Home Address: _____ Street City, State Zip	
Home Phone: _____	Email: _____

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9/11/2017  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave., Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> <u>37 Saw Mill Ln, Mountain View CA</u>	
Street City, State Zip	
<b>Home Phone:</b> <u>312-927-1433</u>	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student? Y/N (circle one)</b> <b>Resident of Mountain View Whisman School District? Y/N (circle one)</b> <b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> <u><del>Mountain View</del> Therncat</u>	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student? Y/N (circle one)</b> <b>Resident of Mountain View Whisman School District? Y/N (circle one)</b> <b>If yes, please list the district school you would otherwise attend:</b> _____ <b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> <u>Li, Huayi</u>	
Last, First, Middle	
<b>Home Address:</b> <u>37 Saw Mill Ln, Mountain View CA</u>	
Street City, State Zip	
<b>Home Phone:</b> <u>312-927-1433</u>	<b>Email:</b> <u>LHYMVP@GMAIL.COM</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** *Li Huayi* **Date:** 2018/10/13  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 26 de Octubre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de carácter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: _____	Grado en el año 2019-20: _____
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____	
2040 California st apt #12 Mountain View CA. 94040	
Calle, Ciudad, Estado, Código Postal	
Teléfono: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
(650) 630 6585	
¿Estudiante actual de Bullis Mountain View Charter School <input checked="" type="checkbox"/> Sí/ <input type="checkbox"/> No (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <input checked="" type="checkbox"/> Sí/ <input type="checkbox"/> No (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: <u>Gabriela Mistral</u>	
<b>Estudiante 2:</b>	
Nombre: _____	Grado en el año 2019-20: _____
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School <input type="checkbox"/> Sí/ <input type="checkbox"/> No (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <input type="checkbox"/> Sí/ <input type="checkbox"/> No (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: _____	
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Correo Electrónico: _____

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: Rosalia Gal. Fecha: 10/24/18  
**¡¡IMPORTANTE!! Devuelva antes del 26 de Octubre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de charter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: _____ Apellido, Primer Nombre, Segundo Nombre	Grado en el año 2019-20: _____
Domicilio: <u>316 Escuela ave #30 Mountain View CA 94040</u> Calle, Ciudad, Estado, Código Postal	
Teléfono: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
<input checked="" type="checkbox"/> ¿Estudiante actual de Bullis Mountain View Charter School <b>Si/No</b> (marque uno) <input checked="" type="checkbox"/> ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <b>Si/No</b> (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: <u>Marlano Castro</u>	
<b>Estudiante 2:</b>	
Nombre: _____ Apellido, Primer Nombre, Segundo Nombre	Grado en el año 2019-20: _____
Domicilio: _____ Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
<input type="checkbox"/> ¿Estudiante actual de Bullis Mountain View Charter School <b>Si/No</b> (marque uno) <input type="checkbox"/> ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <b>Si/No</b> (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: <u>Tahuiton Mora Fidelia</u> Apellido, Primer Nombre, Segundo Nombre	
Domicilio: <u>316 Escuela ave #30 MtV. CA 94040</u> Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>650 4610538</u>	Correo Electrónico: _____

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: [Firma] Fecha: 10/11/18  
**¡¡IMPORTANTE!! Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> <u>660 Willowgate St, Mountain View CA 94043</u>	
Street City, State Zip	
<b>Home Phone:</b> <u>650-530-0209</u>	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>Y</u> (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> <u>Theodore K&amp;E Landels</u>	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>Y</u> (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> _____	
<u>Parekh, Musumi</u>	
Last, First, Middle	
<b>Home Address:</b> _____	
" "	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Email:</b> <u>timusam@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** Musumi Parekh **Date:** 9/18/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022: 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de charter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: _____	Grado en el año 2019-20: _____
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____	
2235 California St #192 Mountain View CA 94040	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: 408 786-7260	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District	
Sí/No (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
<b>Estudiante 2:</b>	
Nombre: _____	Grado en el año 2019-20: _____
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District	
Sí/No (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: Elvira Hernandez	Apellido, Primer Nombre, Segundo Nombre
Domicilio: 2235 California St #192 Mountain View CA 94040	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: 408 786-7260	Correo Electrónico: elvirahernandez200@gmail.com

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: \_\_\_\_\_ Fecha: 10-16-18  
**¡¡¡IMPORTANTE!! Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: <u>[REDACTED]</u> <u>[REDACTED]</u> Grade in 2019-20: <u>[REDACTED]</u>	
Last, First, Middle	
Home Address: <u>670 Alamo Court, Apt #19, Mountain View, CA 94043-07</u>	
Street City, State Zip	
Home Phone: <u>469-347-1072</u> Age: <u>[REDACTED]</u> Date of Birth: <u>[REDACTED]</u>	
Current Bullis Mountain View Charter School student? Y/N (circle one)	
Resident of Mountain View Whisman School District? Y/N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend:	
_____	
Name: _____ Grade in 2019-20: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? Y/N (circle one)	
Resident of Mountain View Whisman School District? Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Chandrashekhara Medicherla</u>	
Last, First, Middle	
Home Address: <u>- same as above -</u>	
Street City, State Zip	
Home Phone: _____ Email: <u>chandu-medicherla@yahoo.com</u>	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: 10/19/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Email: _____	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: Marcy Marcus Date: 9/30/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____	Grade In 2019-20: _____
Last, First, Middle	
Home Address: _____	
221 Palmita Pl.	
Street City, State Zip	
Home Phone: _____	Age: _____
408-499-7582	
Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
221 Palmita Pl.	
Street City, State Zip	
Home Phone: _____	Age: _____
408-499-7582	
Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Landsells	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____	
Geoff Mattson	
Last, First, Middle	
Home Address: _____	
221 Palmita Pl., Mountain View, CA 94041	
Street City, State Zip	
Home Phone: _____	Email: _____
408-499-7582      geoffrey.mattson@gmail.com	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9/26/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de Intención de los padres para Inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de chárter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: _____ Apellido, Primer Nombre, Segundo Nombre	Grado en el año 2019-20: _____
Domicilio: <u>Amman</u> Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____ Edad del Estudiante: <u>●</u> Fecha de Nacimiento: _____	
¿Estudiante actual de Bullis Mountain View Charter School <input checked="" type="checkbox"/> Sí/No (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <input checked="" type="checkbox"/> Sí/No (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: <u>Mistral</u>	
<b>Estudiante 2:</b>	
Nombre: _____ Apellido, Primer Nombre, Segundo Nombre	Grado en el año 2019-20: _____
Domicilio: _____ Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____ Edad del Estudiante: _____ Fecha de Nacimiento: _____	
¿Estudiante actual de Bullis Mountain View Charter School <input type="checkbox"/> Sí/No (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <input type="checkbox"/> Sí/No (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: <u>Normi Amaya</u> Apellido, Primer Nombre, Segundo Nombre	
Domicilio: <u>2230 Latham St #75 Mountain View CA 94020</u> Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>cel 650 476 5706</u> Correo Electrónico: _____	

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: Normi Amaya Fecha: 10-11-18

**¡¡¡IMPORTANTE!!!** Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Grade In 2019-20: _____ Last, First, Middle	
Home Address: _____ 1003 Bonita Ave, MV, CA 94040 Street City, State Zip	
Home Phone: <u>650-584-3449</u> Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Bullis</u>	
Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: _____ Street City, State Zip	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ <u>Marquardt, Sherrill B.</u> Last, First, Middle	
Home Address: _____ <u>same</u> Street City, State Zip	
Home Phone: <u>(650) 584-3444</u> Email: <u>sherrill.marquardt@gmail.com</u>	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9-19-18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
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**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
1618 Morgan St, Mountain View, CA 94043	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____
805 890 9852	_____
<b>Date of Birth:</b> _____	
_____	
<b>Current Bullis Mountain View Charter School student? Y/N (circle one)</b>	
Y	
<b>Resident of Mountain View Whisman School District? Y/N (circle one)</b>	
Y	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b>	
Montaloma	
_____	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
_____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____
_____	_____
<b>Date of Birth:</b> _____	
_____	
<b>Current Bullis Mountain View Charter School student? Y/N (circle one)</b>	
Y	
<b>Resident of Mountain View Whisman School District? Y/N (circle one)</b>	
Y	
<b>If yes, please list the district school you would otherwise attend:</b> _____	
_____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> _____	
MacGregor, Alexia	
Last, First, Middle	
<b>Home Address:</b> _____	
1618 Morgan St, Mountain View, CA 94043	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Email:</b> _____
805 890 9852	alexia.macgregor@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 9/8/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School  
Intent to Enroll Form  
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**Student Information:**

<b>Name:</b> [Redacted]	<b>Grade in 2019-20:</b> [Redacted]
Last, First, Middle	
<b>Home Address:</b> 363 Shelby Drive, Mountain View, CA	
Street City, State Zip	
<b>Home Phone:</b> 650-996-4248	<b>Age:</b> [Redacted]
<b>Date of Birth:</b> [Redacted]	
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> <b>Y</b> (circle one) <b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> <b>Y</b> (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: _____	
<b>Name:</b> [Redacted]	<b>Grade in 2019-20:</b> [Redacted]
Last, First, Middle	
<b>Home Address:</b> 363 Shelby Drive, Mountain View, CA	
Street City, State Zip	
<b>Home Phone:</b> 650-996-4248	<b>Age:</b> [Redacted]
<b>Date of Birth:</b> [Redacted]	
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> <b>Y</b> (circle one) <b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> <b>Y</b> (circle one) If yes, please list the district school you would otherwise attend: _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> Nilson, Cathleen	
Last, First, Middle	
<b>Home Address:</b> 363 Shelby Drive, Mountain View, CA	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Email:</b> cathleen.nilson@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** [Signature]

**Date:** 9/8/18

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**Bullis Mountain View Charter School  
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**Student Information:**

Name: <u>[REDACTED]</u> Grade in 2019-20: <u>[REDACTED]</u>	
Last, First, Middle	
Home Address: <u>415 SAINT EMILION CT, MOUNTAIN VIEW, CA 94043</u>	
Street City, State Zip	
Home Phone: <u>017.448.8814</u> Age: <u>[REDACTED]</u> Date of Birth: <u>[REDACTED]</u>	
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>THEURKAUF</u>	
Name: _____ Grade in 2019-20: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? Y/N (circle one)	
Resident of Mountain View Whisman School District? Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>MEHTA RESHMA</u>	
Last, First, Middle	
Home Address: <u>415 SAINT EMILION CT, MTN VIEW, CA 94043</u>	
Street City, State Zip	
Home Phone: _____ Email: <u>resh.mehra@gmail.com</u>	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: 09/11/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
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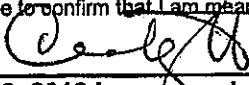
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**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: <u>1425 Village Court, Mountain View, CA 94040</u> Street City, State Zip	
Home Phone: <u>(415) 260-1882</u> Age: _____	Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Holt</u>	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: <u>1425 Village Court, Mountain View, CA 94040</u> Street City, State Zip	
Home Phone: <u>(415) 260-1882</u> Age: _____	Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Omni, Cindy L.</u> Last, First, Middle	
Home Address: <u>1425 Village Court, Mountain View, CA 94040</u> Street City, State Zip	
Home Phone: <u>(415) 260-1882</u>	Email: <u>cindy@cindyholaw.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian:  Date: 9/11/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
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for purposes of requesting facilities  
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**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
39 Sawmill Lane, Mountain View CA 94043	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____
914-924-7427	_____
<b>Date of Birth:</b> _____	_____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b>	
There are none	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____
_____	_____
<b>Date of Birth:</b> _____	_____
<b>Current Bullis Mountain View Charter School student?</b> <input type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input type="radio"/> Y <input type="radio"/> N (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> _____	
Paterson, Matthew	
Last, First, Middle	
<b>Home Address:</b> _____	
Same	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Email:</b> _____
914-924-7427	matt@v8zmail.com

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** [Signature] **Date:** 9/15/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

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**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: <u>[REDACTED]</u>	Grado en el año 2019-20: <u>[REDACTED]</u>
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: <u>1490 Latham St #22 Mountain View</u>	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>650,771,1056</u>	Edad del Estudiante: <u>[REDACTED]</u> Fecha de Nacimiento: <u>[REDACTED]</u>
¿Estudiante actual de Bullis Mountain View Charter School <u>Sí/No</u> (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <u>Sí/No</u> (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: <u>Cabrillo District</u>	
<b>Estudiante 2:</b>	
Nombre: <u>[REDACTED]</u>	Grado en el año 2019-20: <u>[REDACTED]</u>
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: <u>1490 Latham St #22 Mountain View CA 94040</u>	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>650,771,1056</u>	Edad del Estudiante: <u>[REDACTED]</u> Fecha de Nacimiento: <u>[REDACTED]</u>
¿Estudiante actual de Bullis Mountain View Charter School <u>Sí/No</u> (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <u>Sí/No</u> (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: <u>[Signature]</u>	Apellido, Primer Nombre, Segundo Nombre
Domicilio: _____	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Correo Electrónico: _____

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: [Signature] Fecha: 10-11-18  
**¡¡¡IMPORTANTE!! Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portofa Ave, Los Altos, CA 94022: 650-947-4989**

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Intent to Enroll Form  
for purposes of requesting facilities  
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**Student Information:**

<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b>	
_____ Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>N</u> (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b>	
_____	
<b>Name:</b> _____ <b>Grade in 2019-20:</b> _____	
Last, First, Middle	
<b>Home Address:</b>	
_____ Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>Y</u> (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> <u>PETROVIC STEFAN</u>	
Last, First, Middle	
<b>Home Address:</b> <u>2211 LATHAM ST 302 MV CA 94040</u>	
Street City, State Zip	
<b>Home Phone:</b> <u>713 499 0731</u>	<b>Email:</b> <u>STEFAN.PETROVIC@GMAIL.COM</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** *Stefan Petrovic* **Date:** 8/9/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

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DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ <small>Last, First, Middle</small>	Grade in 2019-20: _____
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: <u>312-375-0502</u>	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one) Resident of Mountain View Whisman School District? <u>Y</u> (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____ <small>Last, First, Middle</small>	Grade in 2019-20: _____
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? Y/N (circle one) Resident of Mountain View Whisman School District? Y/N (circle one) If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Sarah Pham</u> <small>Last, First, Middle</small>	
Home Address: <u>same as above</u> <small>Street City, State Zip</small>	
Home Phone: <u>312-375-0502</u>	Email: <u>sarah.phamthn@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian:  Date: 9/15/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

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**Student Information:**

Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
1045 Williams Way Apt 4, Mountain View, CA 94040	
Street City, State Zip	
Home Phone: (650) 276-8940	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y/ <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y/ <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend:	
Huff	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y/ <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y/ <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____	
Liu, Qian	
Last, First, Middle	
Home Address: _____	
1045 Williams Way Apt 4, Mountain View, CA 94040	
Street City, State Zip	
Home Phone: (650) 276-8940	Email: liugianl@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 08/30/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: _____		Grade in 2019-20: _____	
Last, First, Middle			
Home Address: _____			
83 Devonshire Ave #8, Mountain View CA 94043			
Street City, State Zip			
Home Phone: (415) 953-9026		Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)			
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)			
If yes, please list the school within the District your son/daughter would otherwise attend: _____			
Slater			
Name: _____		Grade in 2019-20: _____	
Last, First, Middle			
Home Address: _____			
Street City, State Zip			
Home Phone: _____		Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)			
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)			
If yes, please list the district school you would otherwise attend: _____			
Parent/Legal Guardian Information:			
Parent/Legal Guardian Name: _____			
Ling Quan			
Last, First, Middle			
Home Address: _____			
83 Devonshire Ave #8, Mountain View, CA 94043			
Street City, State Zip			
Home Phone: (415) 953-9026		Email: QLSHENANDOAH@GMAIL.COM	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: Ling Quan Date: 09/08/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re-Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 26, 2018.**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: [REDACTED] Grade in 2019-20: [REDACTED]  
 Last, First, Middle  
 Home Address: 2341 Hilo Ct, Mt View, CA 94040  
 Street, City, State Zip  
 Home Phone: 650-248-3993 Age: [REDACTED] Date of Birth: [REDACTED]  
 Current Bullis Mountain View Charter School student?  Y/N (circle one)  
 Resident of Mountain View Whisman School District?  Y/N (circle one)  
 If yes, please list the school within the District your son/daughter would otherwise attend: Huff

Name: \_\_\_\_\_ Grade in 2019-20: \_\_\_\_\_  
 Last, First, Middle  
 Home Address: \_\_\_\_\_  
 Street, City, State Zip  
 Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Current Bullis Mountain View Charter School student?  Y/N (circle one)  
 Resident of Mountain View Whisman School District?  Y/N (circle one)  
 If yes, please list the district school you would otherwise attend: \_\_\_\_\_  
 Parent/Legal Guardian Information:

Parent/Legal Guardian Name: Moore, Li  
 Last, First, Middle  
 Home Address: 2341 Hilo Ct, Mt View, CA 94040  
 Street, City, State Zip  
 Home Phone: 650-248-3993 Email: lmoore@gmail.com

By signing below, I am indicating that I am meaningfully interested in (re-)enrolling (enrolling) the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest. I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: *[Signature]* Date: 10/8/18  
**IMPORTANT!! Return by September 26, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022, 650-947-4989**  
 Bullis Mountain View Charter School Charter School

**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de charter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: _____ Apellido, Primer Nombre, Segundo Nombre	Grado en el año 2019-20: _____
Domicilio: <u>31 church st #2 mtn view 94041</u> Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>408 830-4274</u>	Edad del Estudiante: _____ Fecha de Nacimiento: _____
<input checked="" type="checkbox"/> Estudiante actual de Bullis Mountain View Charter School <b>Si/No</b> (marque uno) <input checked="" type="checkbox"/> Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <b>Si/No</b> (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
<b>Estudiante 2:</b>	
Nombre: _____ Apellido, Primer Nombre, Segundo Nombre	Grado en el año 2019-20: _____
Domicilio: _____ Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
<input type="checkbox"/> Estudiante actual de Bullis Mountain View Charter School <b>Si/No</b> (marque uno) <input type="checkbox"/> Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <b>Si/No</b> (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: <u>Cruz Laydi P.</u> Apellido, Primer Nombre, Segundo Nombre	
Domicilio: <u>31 church st #2 mtn view CA 94041</u> Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>408 830-4274</u> Correo Electrónico: <u>cruz.patricia.pineda@9.</u>	

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: [Firma] Fecha: 10/14/18  
**¡¡¡IMPORTANTE!!** Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: [REDACTED]	Grade in 2019-20: [REDACTED]
Last, First, Middle	
Home Address: <u>1911 California St. Apt 10 Mountain View</u>	
Street City, State Zip	
Home Phone: <u>(650) 889-0610</u>	Age: [REDACTED] Date of Birth: [REDACTED]
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>The Upper Kowf</u>	
Name: [REDACTED]	Grade In 2019-20: [REDACTED]
Last, First, Middle	
Home Address: <u>1911 California St. Apt. 10 Mtn. View</u>	
Street City, State Zip	
Home Phone: <u>(650) 889-0400</u>	Age: [REDACTED] Date of Birth: [REDACTED]
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the district school you would otherwise attend: <u>CASTRO</u>	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Salguero, Maria</u>	
Last, First, Middle	
Home Address: <u>1911 California St. Apt 10</u>	
Street City, State Zip	
Home Phone: <u>(650) 889-0610</u>	Email: <u>regina270315@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: 08/30/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

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**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> <u>1209 Wasatch Drive, MV, CA 94040</u>	
Street City, State Zip	
<b>Home Phone:</b> <u>408-963-8287</u>	<b>Age:</b> _____
	<b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend:	
<u>Huff Elementary</u>	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____
	<b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> <u>Shah, Dhvani, Jitendra</u>	
Last, First, Middle	
<b>Home Address:</b> <u>1209 Wasatch Drive, MV, 94040</u>	
Street City, State Zip	
<b>Home Phone:</b> <u>408-540-9092</u>	<b>Email:</b> <u>priyanka.thakore@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** Shah **Date:** 9/11/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

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**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> <u>1631 Grant Rd Mountain View CA 94040</u>	
Street City, State Zip	
<b>Home Phone:</b> <u>914-565-3474</u>	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>Y</u> (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> <u>Aut</u>	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> Y/N (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> <u>Smith, Elizabeth Carrie</u>	
Last, First, Middle	
<b>Home Address:</b> <u>1631 Grant Rd Mountain View CA 94040</u>	
Street City, State Zip	
<b>Home Phone:</b> <u>914-565-3474</u>	<b>Email:</b> <u>esmithpa@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** Elizabeth C Smith **Date:** 9/11/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

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**Student Information:**

Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: <u>1585 VILLA ST. MOUNTAINVIEW, CA</u>	
Street City, State Zip	
Home Phone: <u>650 417 5322</u>	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>not sure yet.</u>	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>STEWART MEGAN</u>	
Last, First, Middle	
Home Address: <u>SAN JOSE</u>	
Street City, State Zip	
Home Phone: _____	Email: <u>my.megs@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: Sept 30/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

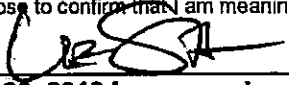
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**Student Information:**

<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> 1351 Brookdale Ave Mtn View, CA 94040 Street City, State Zip	
<b>Home Phone:</b> 408-316-4805	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> (circle one) <b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> (circle one) <b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> BURB	
<b>Name:</b> _____ <b>Grade in 2019-20:</b> _____ Last, First, Middle	
<b>Home Address:</b> _____ Street City, State Zip	
<b>Home Phone:</b> _____ <b>Age:</b> _____ <b>Date of Birth:</b> _____	
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one) <b>Resident of Mountain View Whisman School District?</b> Y/N (circle one) <b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> Stewart, Elizabeth Anne Last, First, Middle	
<b>Home Address:</b> 1351 Brodedate Ave Mtn View 94040 Street City, State Zip	
<b>Home Phone:</b> 408-316-4805	<b>Email:</b> mrslizstewart@gmail.com

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:**  **Date:** 9/11/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para Inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de chárter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: <u>[REDACTED]</u>	Grado en el año 2019-20: <u>[REDACTED]</u>
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: <u>659 Moorpark way, Mountain View</u>	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>408 802 8284</u>	Edad del Estudiante: <u>[REDACTED]</u> Fecha de Nacimiento: <u>2/5/10</u>
¿Estudiante actual de Bullis Mountain View Charter School <u>SI</u> (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <u>SI</u> (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: <u>Castro elementary school</u>	
<b>Estudiante 2:</b>	
Nombre: <u>[REDACTED]</u>	Grado en el año 2019-20: <u>[REDACTED]</u>
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: <u>Apt #1 659 Moorpark way, Mountain View</u>	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>408 802 8284</u>	Edad del Estudiante: <u>[REDACTED]</u> Fecha de Nacimiento: <u>7/11/14</u>
¿Estudiante actual de Bullis Mountain View Charter School <u>SI</u> (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <u>SI</u> (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: <u>Castro elementary school</u>	
Nombre del padre o tutor legal: <u>Carlos Taina</u>	Apellido, Primer Nombre, Segundo Nombre
Domicilio: <u>659 Moorpark way, Mountain View</u>	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>408 802 8284</u>	Correo Electrónico: <u>shiommi-lope@live.com</u> <u>carlostaina@yahoo.com</u>

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: Carlos Taina Fecha: 9/8/18  
**¡¡¡IMPORTANTE!!** Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989

**Bulls Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bulls Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bulls Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
1885 California St. Apt 51	
Street City, State Zip	
Home Phone: 650-669-7673	Age: _____ Date of Birth: _____
Current Bulls Mountain View Charter School student? <input checked="" type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend:	
Not Sure yet	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
1885 California St. Apt 51	
Street City, State Zip	
Home Phone: 650-669-7673	Age: _____ Date of Birth: _____
Current Bulls Mountain View Charter School student? <input checked="" type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: Liguin Sheng	
Last, First, Middle	
Home Address: _____	
1885 California St. Apt 51	
Street City, State Zip	
Home Phone: 650-669-7673	Email: liguinsh@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bulls Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 08-20-2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____	Grade In 2019-20: _____
Last, First, Middle	
Home Address: <u>167 Beatrice St. MV. 94043</u>	
Street City, State Zip	
Home Phone: <u>8583577134</u>	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Theuerkauf</u>	
Name: _____	Grade In 2019-20: _____
Last, First, Middle	
Home Address: <u>167 Beatrice St. MV. 94043</u>	
Street City, State Zip	
Home Phone: <u>8583577134</u>	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>QIN, CHUAN</u>	
Last, First, Middle	
Home Address: <u>167 Beatrice St, MV 94043</u>	
Street City, State Zip	
Home Phone: <u>8583577134</u>	Email: <u>cqrets@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9/11/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> 2434 Rock Str. Ap. 14 Mountain View, CA 94043	
Street City, State Zip	
<b>Home Phone:</b> 650-810-5767	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student? Y/N (circle one)</b> <b>Resident of Mountain View Whisman School District? Y/N (circle one)</b> <b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> Monta Loma Elementary	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student? Y/N (circle one)</b> <b>Resident of Mountain View Whisman School District? Y/N (circle one)</b> <b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> Deykun, Ruslana	
Last, First, Middle	
<b>Home Address:</b> 2434 Rock Str. Ap. 14, Mountain View CA 94043	
Street City, State Zip	
<b>Home Phone:</b> 650-810-5767	<b>Email:</b> ruslana.deykun@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 9/11/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by October 26, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

1  
Name: [redacted] in 2019-20: [redacted]  
Last, First, Middle  
Home Address: 287 Chiquita Ave, Mountain View, CA 94041  
Street City, State Zip  
Home Phone: 650-575-1705 Age: [redacted] Date of Birth: [redacted]  
Current Bullis Mountain View Charter School student?  Y  N (circle one)  
Resident of Mountain View Whisman School District?  Y  N (circle one)  
If yes, please list the school within the District your son/daughter would otherwise attend:  
Landels

2  
Name: [redacted] Grade in 2019-20: [redacted]  
Last, First, Middle  
Home Address: 287 Chiquita Ave, Mountain View, CA 94041  
Street City, State Zip  
Home Phone: 650-575-1705 Age: [redacted] Date of Birth: [redacted]  
Current Bullis Mountain View Charter School student?  Y  N (circle one)  
Resident of Mountain View Whisman School District?  Y  N (circle one)  
If yes, please list the district school you would otherwise attend: Landels

Parent/Legal Guardian Information:  
Parent/Legal Guardian Name: Samaha, Barbara Ann  
Last, First, Middle  
Home Address: 287 Chiquita Ave, Mountain View, CA 94041  
Street City, State Zip  
Home Phone: 650-575-1705 Email: btragicsh@gmail.com

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: 10/19/18  
IMPORTANT!! Return by October 26, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> <u>200 Marlin Way #12, Mountain View, CA 94040</u>	
Street City, State Zip	
<b>Home Phone:</b> <u>408-480-2648</u>	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>Y</u> (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> <u>Bubb</u>	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>Y</u> (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> <u>Sapirman, Teresa B</u>	
Last, First, Middle	
<b>Home Address:</b> <u>Same</u>	
Street City, State Zip	
<b>Home Phone:</b> <u>Same</u>	<b>Email:</b> <u>tsapirman@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** Teresa Sapirman **Date:** 9/15/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
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DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: <u>650-282-5203</u> Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <u>Y/N</u> (circle one) Resident of Mountain View Whisman School District? <u>Y/N</u> (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: <u>Bubb</u>	
Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <u>Y/N</u> (circle one) Resident of Mountain View Whisman School District? <u>Y/N</u> (circle one) If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Wu, Victoria, K</u> <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: <u>650-282-5203</u> Email: <u>vickiandrob@gmail.com</u>	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: *Victoria Wu* Date: 9/8/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
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DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: [REDACTED] Grade in 2019-20: [REDACTED]	
Last, First, Middle	
Home Address: <u>2006 SUN MOR AVE MOUNTAIN VIEW CA 94040</u>	
Street City, State Zip	
Home Phone: <u>408-406-4939</u>	Age: [REDACTED] Date of Birth: [REDACTED]
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>N</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Franklin Huff Elementary</u>	
Name: [REDACTED] Grade in 2019-20: [REDACTED]	
Last, First, Middle	
Home Address: <u>2006 SUN MOR AVE MOUNTAIN VIEW CA 94040</u>	
Street City, State Zip	
Home Phone: <u>408-406-4939</u>	Age: [REDACTED] Date of Birth: [REDACTED]
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the district school you would otherwise attend: <u>Franklin Huff Elementary</u>	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Shum Ka Yan Winnie</u>	
Last, First, Middle	
Home Address: <u>2006 SUN MOR AVE MOUNTAIN VIEW CA 94040</u>	
Street City, State Zip	
Home Phone: <u>408-406-4939</u>	Email: <u>winshum@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: 9/8/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School  
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**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
330 Alexander Ct, Mountain View, CA	
Street City, State Zip	
<b>Home Phone:</b> 650 219 7750	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b>	
Huff	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
330 Alexander Ct, Mountain View, CA	
Street City, State Zip	
<b>Home Phone:</b> 650 219 7750	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b>	
Huff	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> _____	
Yan, Hongiang	
Last, First, Middle	
<b>Home Address:</b> _____	
330 Alexander Ct, Mountain View, CA	
Street City, State Zip	
<b>Home Phone:</b> 650 219 7750	<b>Email:</b> yanhougiang@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 9/8/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
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DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: _____ 3360 SHADY SPRING LN, MOUNTAIN VIEW, CA 94040 Street City, State Zip	
Home Phone: 310-993-9159	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: HUFF	
Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y/N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ YE, XINGYAO Last, First, Middle	
Home Address: _____ 3360 SHADY SPRING LN, MOUNTAIN VIEW, CA 94040 Street City, State Zip	
Home Phone: 310-993-9159	Email: MBRO35@GMAIL.COM

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: 9-15-2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de chárter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: <u>[REDACTED]</u>	Grado en el año 2019-20: <u>[REDACTED]</u>
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: <u>2005 Rock St #4 Mountain View CA 94043</u>	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>(650) 308-5920</u>	Edad del Estudiante: <u>[REDACTED]</u> Fecha de Nacimiento: <u>[REDACTED]</u>
¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
<b>Estudiante 2:</b>	
Nombre: _____	Grado en el año 2019-20: _____
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno)	
¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno)	
Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: <u>Percira Blanca Yanira</u>	
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: <u>2005 Rock St #4 Mountain View CA 94043</u>	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: <u>(650) 308-5920</u>	Correo Electrónico: <u>Yanipercira1993@gmail.com</u>

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: [Signature] Fecha: 10/11/18  
**¡¡¡IMPORTANTE!!** Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: <u>[REDACTED]</u> Grade in 2019-20: <u>[REDACTED]</u>	
Last, First, Middle	
Home Address: <u>1850 MONTECITO AVE, MOUNTAIN VIEW CA</u>	
Street City, State Zip	
Home Phone: <u>650 743 1060</u> Age: <u>[REDACTED]</u> Date of Birth: <u>[REDACTED]</u>	
Current Bullis Mountain View Charter School student? Y/N (circle one) <input checked="" type="radio"/> Y	
Resident of Mountain View Whisman School District? Y/N (circle one) <input checked="" type="radio"/> Y	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Therese Hart</u>	
Name: _____ Grade in 2019-20: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? Y/N (circle one)	
Resident of Mountain View Whisman School District? Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>YOUNG, GARY D</u>	
Last, First, Middle	
Home Address: <u>1850 MONTECITO AVE, MOUNTAIN VIEW CA 94043</u>	
Street City, State Zip	
Home Phone: <u>650 743 1060</u> Email: <u>@younglee family@gmail.com</u>	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: 8 Sep 2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
***¡Devuelva a Bullis Mountain View Charter School antes del 26 de Octubre del 2018!***

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de carácter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

**Estudiante 1:**

Nombre: \_\_\_\_\_ Grado en el año 2019-20: \_\_\_\_\_  
Apellido, Primer Nombre, Segundo Nombre

Domicilio: 316 Escuela Ave #29 Mountain View CA 94040  
Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: (650) 518-1140 Edad del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

¿Estudiante actual de Bullis Mountain View Charter School  Sí/No (marque uno)  
 ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District  Sí/No (marque uno)  
 Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: Missouri School

**Estudiante 2:**

Nombre: \_\_\_\_\_ Grado en el año 2019-20: \_\_\_\_\_  
Apellido, Primer Nombre, Segundo Nombre

Domicilio: \_\_\_\_\_  
Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: \_\_\_\_\_ Edad del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

¿Estudiante actual de Bullis Mountain View Charter School  Sí/No (marque uno)  
 ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District  Sí/No (marque uno)  
 Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: Missouri School

Nombre del padre o tutor legal: Irmy Gomez  
Apellido, Primer Nombre, Segundo Nombre

Domicilio: 316 Escuela Ave #29 Mountain View CA 94040  
Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: (650) 518-1140 Correo Electrónico: Irmygomez20@gmail.com

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: Irmy Gomez Fecha: 10/24/18  
 ¡¡IMPORTANTE!! Devuelva antes del 26 de Octubre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022: 650-947-4989

**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
**¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!**

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de charter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

<b>Estudiante 1:</b>	
Nombre: _____	Grado en el año 2019-20: _____
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School <input checked="" type="radio"/> Sí/ <input type="radio"/> No (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <input checked="" type="radio"/> Sí/ <input type="radio"/> No (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: <u>Monte Loma Elementary School</u>	
<b>Estudiante 2:</b>	
Nombre: _____	Grado en el año 2019-20: _____
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Edad del Estudiante: _____ Fecha de Nacimiento: _____
¿Estudiante actual de Bullis Mountain View Charter School <input type="radio"/> Sí/ <input type="radio"/> No (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District <input type="radio"/> Sí/ <input type="radio"/> No (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: _____	
Nombre del padre o tutor legal: _____	
Apellido, Primer Nombre, Segundo Nombre	
Domicilio: _____	
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa: _____	Correo Electrónico: _____

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: Carmen L. Meza Fecha: 8/30/18  
**¡¡¡IMPORTANTE!! Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave. Los Altos, CA 94022; 850-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
3913 Pyramid Way MU 94043	
Street City, State Zip	
<b>Home Phone:</b> (650) 930 0725	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y/N</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>Y/N</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
New Whisman School	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> _____	
Tsirlin Inna	
Last, First, Middle	
<b>Home Address:</b> _____	
3913 Pyramid Way, MU 94043	
Street City, State Zip	
<b>Home Phone:</b> (650) 930 0725	<b>Email:</b> innkat@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 09/11/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____ Grade in 2019-20: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ <small>Last, First, Middle</small>	
Home Address: _____ <small>Street City, State Zip</small>	
Home Phone: _____ Email: _____	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 09/14/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> <u>2343 Craig Ct, Mountain View 94043</u> Street City, State Zip	
<b>Home Phone:</b> <u>831 7088809</u>	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y</u> (circle one) <b>Resident of Mountain View Whisman School District?</b> <u>Y</u> (circle one) <b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> _____	
<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> <u>2343 Craig Ct, MV 94043</u> Street City, State Zip	
<b>Home Phone:</b> <u>831 7088809</u>	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y</u> (circle one) <b>Resident of Mountain View Whisman School District?</b> <u>Y</u> (circle one) <b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> <u>Thai David</u> Last, First, Middle	
<b>Home Address:</b> <u>2343 Craig Ct, MV 94043</u> Street City, State Zip	
<b>Home Phone:</b> <u>831 7088809</u>	<b>Email:</b> <u>us@thai-family.me</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Date:** 9/11/18

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Monta Lema</u>	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ Last, First, Middle	
Home Address: _____ Street City, State Zip	
Home Phone: _____ Email: _____	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 8/30/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y/N</u> (circle one) Resident of Mountain View Whisman School District? <u>Y/N</u> (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____	
Grade in 2019-20: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y/N</u> (circle one) Resident of Mountain View Whisman School District? <u>Y/N</u> (circle one) If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal-Guardian Name: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Email: _____

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: Sammy Yarf Date: Oct. 28, 2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> <u>7</u>
<b>Home Address:</b> <u>838 Bay St Mountainview, CA</u> Street City, State Zip	
<b>Home Phone:</b> <u>650 335 5578</u>	<b>Age:</b> <u>11</u> <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student? Y/N (circle one)</b> <b>Resident of Mountain View Whisman School District? Y/N (circle one)</b> <b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> _____	
<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> _____ Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student? Y/N (circle one)</b> <b>Resident of Mountain View Whisman School District? Y/N (circle one)</b> <b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> <u>Li Tang</u> Last, First, Middle	
<b>Home Address:</b> <u>838 Bay St Mountainview, CA</u> Street City, State Zip	
<b>Home Phone:</b> <u>650 335 5578</u>	<b>Email:</b> _____

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** [Signature] **Date:** 8/30/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by October 26, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ <small>Last, First, Middle</small>		Grade in 2019-20: _____	
Home Address: _____ <small>Street City, State Zip</small>			
Home Phone: _____		Age: _____	Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)			
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)			
If yes, please list the school within the District your son/daughter would otherwise attend: _____			
Huff			
Name: _____ <small>Last, First, Middle</small>		Grade in 2019-20: _____	
Home Address: _____ <small>Street City, State Zip</small>			
Home Phone: _____		Age: _____	Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)			
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)			
If yes, please list the district school you would otherwise attend: _____			
Parent/Legal Guardian Information:			
Parent/Legal Guardian Name: _____ <small>Last, First, Middle</small>			
Home Address: _____ <small>Street City, State Zip</small>			
Home Phone: _____		Email: _____	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 10/27/2018  
**IMPORTANT!! Return by October 26, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ 545 Front Lane, Mountain View, CA 94041 Street City, State Zip	
Home Phone: (408) 805-0309	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> /N (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> /N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Edith Landels Elementary School</u>	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? Y/ <u>N</u> (circle one)	
Resident of Mountain View Whisman School District? Y/ <u>N</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ <u>Togasaki, Nadja Tse</u> Last, First, Middle	
Home Address: _____ 545 Front Lane, Mountain View, CA 94041 Street City, State Zip	
Home Phone: (408) 805-0309	Email: <u>nadjatse@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: 8/30/18

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

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**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: <u>650 497 1145</u> Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <u>Y</u> /N (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> /N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Landels</u>	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? Y/ <u>N</u> (circle one)	
Resident of Mountain View Whisman School District? Y/ <u>N</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ Last, First, Middle <u>TRINH HAI-ANH</u>	
Home Address: _____ Street City, State Zip <u>1040A California St, Mountain View, CA 94041</u>	
Home Phone: <u>650 497 1145</u> Email: <u>anh.hai-trinh@gmail.com</u>	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018.**

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**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: <u>723 Cottage Ct. MTV CA 94043</u> Street City, State Zip	
Home Phone: <u>202.390.9747</u> Age: _____	Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Marble Loma</u>	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: _____ Age: _____	Date of Birth: _____
Current Bullis Mountain View Charter School student? Y/N (circle one)	
Resident of Mountain View Whisman School District? Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Wahlquist-Ortiz Ida Gladys</u> Last, First, Middle	
Home Address: <u>723 Cottage Ct. MTV CA 94043</u> Street City, State Zip	
Home Phone: <u>2023909747</u>	Email: <u>aidita@alum.mit.edu</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: Sept. 11, 2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022: 650-947-4989**



**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

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**Student Information:**

Name: _____		Grade in 2019-20: _____	
Last, First, Middle			
Home Address: <u>708 Astor Ct. Mountain View, CA 94043</u>			
Street City, State Zip			
Home Phone: <u>408-382-1119</u>		Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> (circle one)			
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)			
If yes, please list the school within the District your son/daughter would otherwise attend: _____			
Name: _____		Grade in 2019-20: _____	
Last, First, Middle			
Home Address: _____			
Street City, State Zip			
Home Phone: _____		Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> (circle one)			
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)			
If yes, please list the district school you would otherwise attend: _____			
Parent/Legal Guardian Information:			
Parent/Legal Guardian Name: <u>Ali Bidabadi</u>			
Last, First, Middle			
Home Address: <u>708 Astor Ct. Mountain View, CA, 94043</u>			
Street City, State Zip			
Home Phone: <u>408-382-1119</u>		Email: <u>ali_bidabadi@yahoo.com</u>	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: *Ali Bidabadi* Date: Oct. 27, 2018

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

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Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: _____ Grade in 2019-20: _____	
Last, First, Middle	
Home Address: <u>1094 Nilda Ave Mountain View, CA 94060</u>	
Street City, State Zip	
Home Phone: <u>510-926-9866</u>	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Bubb</u>	
Name: _____ Grade in 2019-20: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>[Signature]</u>	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Email: _____

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Signature of Parent/Legal Guardian: [Signature] Date: 2018-09-08  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> 500 W Middlefield Rd #6, Mountain View, CA 94043	
Street City, State Zip	
<b>Home Phone:</b> 516 567 7384	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: Therukauf	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> Bautin, Mikhail Andreyevich	
Last, First, Middle	
<b>Home Address:</b> 500 W Middlefield Rd #6, Mountain View, CA 94043	
Street City, State Zip	
<b>Home Phone:</b> 516 567 7384	<b>Email:</b> mbautin@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** M. Bautin **Date:** 7/15/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

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Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

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**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: <u>218 Alyson Ave</u> Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one) Resident of Mountain View Whisman School District? <u>Y</u> (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one) Resident of Mountain View Whisman School District? <u>Y</u> (circle one) If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Lev Kantor</u> Last, First, Middle	
Home Address: <u>218 - G - levka@levka.com</u> Street City, State Zip	
Home Phone: _____	Email: _____

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9/29/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student information:**

<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> <u>198 Darya Court, Mountain View, CA 94043</u> Street City, State Zip	
<b>Home Phone:</b> <u>201 887-5865</u>	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y/N</u> (circle one) <b>Resident of Mountain View Whisman School District?</b> <u>Y/N</u> (circle one) <b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> _____	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____ Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one) <b>Resident of Mountain View Whisman School District?</b> Y/N (circle one) <b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> <u>Hui Zhu</u> Last, First, Middle	
<b>Home Address:</b> <u>198 Darya Court, Mountain View</u> Street City, State Zip	
<b>Home Phone:</b> <u>201-887-5865</u>	<b>Email:</b> <u>hui_zhu55@yahoo.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Date:** 9/8/18

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave., Los Altos, CA 94022; 650-947-4989**

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**Student Information:**

Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Email: _____

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9/29/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: <u>222 ESCUELA AVENUE, APT 172, CA 94040</u> Street City, State Zip	
Home Phone: <u>650 284 6242</u>	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>MARIANO CASTRO</u>	
Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? Y/N (circle one)	
Resident of Mountain View Whisman School District? Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>SENGUPTA, ROOPSHA</u> Last, First, Middle	
Home Address: <u>222 ESCUELA AVE APT 172 CA 94040</u> Street City, State Zip	
Home Phone: _____	Email: <u>roopsha@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: 10/3/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: <u>2519 Alvin St, CA 94043</u> Street City, State Zip	
Home Phone: <u>223-4014</u>	Age: <u>    </u> Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y/N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Monte Loma</u>	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: <u>2519 Alvin St, CA 94043</u> Street City, State Zip	
Home Phone: <u>223-4014</u>	Age: <u>    </u> Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y/N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Mark Schoell Apollinaris</u> Last, First, Middle	
Home Address: <u>2519 Alvin St, CA 94043</u> Street City, State Zip	
Home Phone: <u>223-4014</u>	Email: <u>mschoell@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9/18/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School  
Intent to Enroll Form  
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DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

<b>Name:</b> _____	<b>Grade In 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
2139 AITKEN AVENUE, MOUNTAIN VIEW, CA 94040	
Street City, State Zip	
<b>Home Phone:</b> 408-598-7765	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>Y</u> (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b>	
RJB @	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <u>Y</u> (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <u>Y</u> (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> _____	
SHUKLA, SRADDHA	
Last, First, Middle	
<b>Home Address:</b> _____	
SAME AS ABOVE	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Email:</b> SRADDHASHUKLA@HOTMAIL.COM

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** SEPT 8<sup>th</sup> 2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022: 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
274 LORETO ST MOUNTAIN VIEW, CA 94041	
Street City, State Zip	
<b>Home Phone:</b> 650 314 3854	<b>Age:</b> _____
<b>Date of Birth:</b> _____	
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend:	
LANDELS	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____
<b>Date of Birth:</b> _____	
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> _____	
SEYMOUR, CRAIG EDWARD	
Last, First, Middle	
<b>Home Address:</b> _____	
274 LORETO ST, MOUNTAIN VIEW, CA 94041	
Street City, State Zip	
<b>Home Phone:</b> 650 314 3854	<b>Email:</b> CESYMOUR@GMAIL.COM

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 9-11-18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

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**Student Information:**

Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: _____ 306 Wildflower Park Ln, Mountain View, CA 94043 Street City, State Zip	
Home Phone: 415.994-4979	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: Theuerkauf Elementary	
Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ Wood, Christina Last, First, Middle	
Home Address: _____ 306 Wildflower Park Ln, Mountain View, CA 94043 Street City, State Zip	
Home Phone: 415-994-4979	Email: Christina.M.Wood@gmail.com

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9/19/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

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**Student Information:**

Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: _____ 526 N Whisman Rd, Mountain View, Street City, State Zip	
Home Phone: 949-237-4554	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____ Grade in 2019-20: _____ Last, First, Middle	
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ Chandica Deepak Last, First, Middle	
Home Address: _____ 526 N Whisman Rd Mountain View Street City, State Zip	
Home Phone: 949-232-4554	Email: chandica@gmail.com

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: Chandica Date: 10/7/2018  
**IMPORTANT!! Return by September 28, 2018** In person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989

**Bullis Mountain View Charter School  
Intent to Enroll Form  
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**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ 2122 W. Wendotte St. Mountain View, CA 94043 Street City, State Zip	
Home Phone: (408)-316-9720	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> /N (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> /N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Monte Loma</u>	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? Y/ <u>N</u> (circle one)	
Resident of Mountain View Whisman School District? Y/ <u>N</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Chan, Virginia</u> Last, First, Middle	
Home Address: <u>same as above</u> Street City, State Zip	
Home Phone: _____	Email: <u>virchan8@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: 9/28/18

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by October 26, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ 194 Grayhawk Ct. Mt View CA 94043 Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? Y/N (circle one)	
Resident of Mountain View Whisman School District? Y/N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: Vojas	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? Y/N (circle one)	
Resident of Mountain View Whisman School District? Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____ Carson Timothy, James Last, First, Middle	
Home Address: _____ 194 Grayhawk Ct. Mt. View CA 94043 Street City, State Zip	
Home Phone: _____	Email: _____ CarsonTim@Yahoo.com

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 10/24/18  
**IMPORTANT!! Return by October 26, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

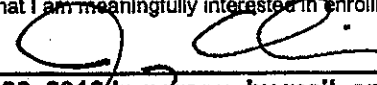
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**Student Information:**

Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
164 Holland CT, Mountain View, CA, 94040	
Street City, State Zip	
Home Phone: 412-425-2925	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend:	
Huff	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? Y/N (circle one)	
Resident of Mountain View Whisman School District? Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____	
Cha, Jenny Yujean	
Last, First, Middle	
Home Address: _____	
164 Holland CT, Mountain View, CA, 94040	
Street City, State Zip	
Home Phone: 412-425-2925	Email: j3nn3y@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian:  Date: 9/19/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA, 94022; 650-947-4989**

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Intent to Enroll Form  
for purposes of requesting facilities  
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**Student Information:**

<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> 2640 MILLER AVENUE, MOUNTAIN VIEW, 94040	
Street City, State Zip	
<b>Home Phone:</b> 415-948-6665	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b> _____	
<b>Name:</b> _____	<b>Grade in 2019-20:</b> _____
Last, First, Middle	
<b>Home Address:</b> _____	
Street City, State Zip	
<b>Home Phone:</b> _____	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input type="radio"/> Y <input type="radio"/> N (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b> _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> Cervantes, OSCAR, GUSTAVO	
Last, First, Middle	
<b>Home Address:</b> 2640 MILLER AVENUE, MOUNTAIN VIEW, 94040	
Street City, State Zip	
<b>Home Phone:</b> 415-948-6665	<b>Email:</b> Crvnts_sck@yahoo

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** 

**Date:** 9-8-2018

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: <u>[REDACTED]</u> Grade in 2019-20: <u>[REDACTED]</u>	
Last, First, Middle	
Home Address: <u>242 CARMELITA DR MOUNTAIN VIEW CA 94040</u>	
Street City, State Zip	
Home Phone: <u>650-450-6703</u> Age: <u>[REDACTED]</u> Date of Birth: <u>[REDACTED]</u>	
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>HUFF</u>	
Name: <u>[REDACTED]</u> Grade in 2019-20: _____	
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____ Age: _____ Date of Birth: _____	
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>STOY, KATHERINE DIANE</u>	
Last, First, Middle	
Home Address: <u>242 CARMELITA DR WIS, MOUNTAIN VIEW, CA 94040</u>	
Street City, State Zip	
Home Phone: <u>650-450-6703</u> Email: <u>KATIEANDLUIGI@GMAIL.COM</u>	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

✓ Signature of Parent/Legal Guardian: [Signature] Date: 10/14/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
151 CALDERON AVENUE	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y/N</u> (circle one) Resident of Mountain View Whisman School District? <u>Y/N</u> (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: _____	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y/N</u> (circle one) Resident of Mountain View Whisman School District? <u>Y/N</u> (circle one) If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____	
BUONOMO ANNA	
Last, First, Middle	
Home Address: _____	
SATC	
Street City, State Zip	
Home Phone: _____	Email: <u>BULLETNB@GMAIL.COM</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9/30/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

<b>Name:</b> [REDACTED]	<b>Grade in 2019-20:</b> [REDACTED]
<small>Last, First, Middle</small>	
<b>Home Address:</b> 242 O'Keefe Way, Mountain View 94041	
<small>Street City, State Zip</small>	
<b>Home Phone:</b> (650) 919-3980	<b>Age:</b> [REDACTED] <b>Date of Birth:</b> [REDACTED]
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> Y/N (circle one)	
<b>If yes, please list the school within the District your son/daughter would otherwise attend:</b>	
_____	
<b>Name:</b> [REDACTED]	<b>Grade in 2019-20:</b> [REDACTED]
<small>Last, First, Middle</small>	
<b>Home Address:</b> 242 O'Keefe Way, Mountain View 94041	
<small>Street City, State Zip</small>	
<b>Home Phone:</b> (650) 919-3980	<b>Age:</b> [REDACTED] <b>Date of Birth:</b> [REDACTED]
<b>Current Bullis Mountain View Charter School student?</b> Y/N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> Y/N (circle one)	
<b>If yes, please list the district school you would otherwise attend:</b>	
_____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> Buren, Melissa	
<small>Last, First, Middle</small>	
<b>Home Address:</b> 242 O'Keefe Way, Mountain View 94041	
<small>Street City, State Zip</small>	
<b>Home Phone:</b> (650) 919-3980	<b>Email:</b> melissa.buren@gmail.com

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** Melissa Buren

**Date:** 9/8/2018

**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

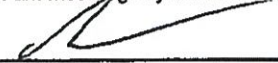
Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: <u>Brauner Greg R</u>	Grade in 2019-20: <u>TK</u>
Last, First, Middle	
Home Address: <u>135 Eldora Drive Mountain View, CA 94041</u>	
Street City, State Zip	
Home Phone: <u>408-431-0262</u>	Age: <u>40<sup>35</sup></u> Date of Birth: <u>1/29/14</u>
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend:	
_____	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y/N</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y/N</u> (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Greg Brauner Greg</u>	
Last, First, Middle	
Home Address: <u>135 Eldora Drive Mountain View, CA 94041</u>	
Street City, State Zip	
Home Phone: <u>408-431-0262</u>	Email: <u>gregbrauner@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:**  **Date:** 9/8/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
137 CENTRE ST, CA 94041	
Street City, State Zip	
Home Phone: 415-583-9028	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <u>Y</u> (circle one)	
Resident of Mountain View Whisman School District? <u>Y</u> (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend:	
LANDELS	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____	
Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? Y/N (circle one)	
Resident of Mountain View Whisman School District? Y/N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: _____	
ROTER GARCIA, VIRGINIA	
Last, First, Middle	
Home Address: _____	
137 CENTRE ST, CA 94041	
Street City, State Zip	
Home Phone: 415-583-9028	Email: vrotter@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: *Virginia Roter* Date: 9/30/2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ 215 Chiquita Ave, Mountain View CA 94041 Street City, State Zip	
Home Phone: 503 708 6036	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: Castro	
Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: Bielecki, Joseph, C Last, First, Middle	
Home Address: 215 Chiquita Ave Mountain View CA 94041 Street City, State Zip	
Home Phone: 503 708 6036	Email: joe.bielecki@gmail.com

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: 9/19/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: <u>Beals, Sierra, Grace</u> Last, First, Middle	Grade in 2019-20: <u>1</u>
Home Address: <u>7 Sutter Creek Ln, Mountain View, CA 94043</u> Street City, State Zip	
Home Phone: <u>650 224 8785</u>	Age: <u>5</u> Date of Birth: <u>12/28/2012</u>
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: <u>Theuerkauf</u>	
Name: <u>Beals, Alexander James</u> Last, First, Middle	Grade in 2019-20: <u>TK</u>
Home Address: <u>7 Sutter Creek Ln, Mountain View CA 94043</u> Street City, State Zip	
Home Phone: <u>650 224 8785</u>	Age: <u>3</u> Date of Birth: <u>8/31/2015</u>
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: <u>Theuerkauf</u>	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: <u>Beals, Travis Roland</u> Last, First, Middle	
Home Address: <u>7 Sutter Creek Ln, Mountain View, CA 94043</u> Street City, State Zip	
Home Phone: <u>650 224 8785</u>	Email: <u>trbeals@gmail.com</u>

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: Sept 29, 2018  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**

**Bullis Mountain View Charter School  
Intent to Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by SEPTEMBER 28, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the Charter School. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

→ **Student Information:**

<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> 100 N Whisman Rd, Apt-3218 / CA 94043 Street City, State Zip	
<b>Home Phone:</b> 631 408-8401	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: _____	
<b>Name:</b> _____ Last, First, Middle	<b>Grade in 2019-20:</b> _____
<b>Home Address:</b> 100 N Whisman Rd - Apt 3218 / Mountain View CA 94043 Street City, State Zip	
<b>Home Phone:</b> (415) 610-9202	<b>Age:</b> _____ <b>Date of Birth:</b> _____
<b>Current Bullis Mountain View Charter School student?</b> <input type="radio"/> Y <input checked="" type="radio"/> N (circle one)	
<b>Resident of Mountain View Whisman School District?</b> <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
<b>Parent/Legal Guardian Information:</b>	
<b>Parent/Legal Guardian Name:</b> DANG VU, Thi Mai Last, First, Middle	
<b>Home Address:</b> 100 N Whisman Rd - Apt 3218 / Mountain View CA 94043 Street City, State Zip	
<b>Home Phone:</b> _____	<b>Email:</b> mai.dangvu@gmail.com

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** 9/8/18  
**IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989**



**Bullis Mountain View Charter School Charter School**  
**Documentación de intención de los padres para inscribirse o reinscribirse**  
**En apoyo de una solicitud para obtener instalaciones escolares**  
***¡Devuelva a Bullis Mountain View Charter School antes del 28 de Septiembre del 2018!***

Estimado padre/tutor de actual o futuro estudiantes de la Bullis Mountain View Charter School:

Bajo la ley de California (Proposición 39) el Distrito Escolar de Bullis Mountain View Charter School tiene que proveer a la Bullis Mountain View Charter School instalaciones razonablemente equivalentes en donde se pueda operar Bullis Mountain View Charter School. Este formulario puede ser usado para apoyar la solicitud para instalaciones de la Bullis Mountain View Charter School. Al devolver este formulario, usted está indicando que tiene una intención seria de inscribir o reinscribir a su estudiante en el programa de chárter para el curso escolar 2019-20. ¡Gracias por su apoyo y su cooperación!

**Información del Estudiantes:**

**Estudiante 1:**

Nombre: [REDACTED] Grado en el año 2019-20: [REDACTED]  
Apellido, Primer Nombre, Segundo Nombre

Domicilio: 1476 Latham AVE APT 23 MOUNTAINVIEW  
Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: 6509067362 Edad del Estudiante: [REDACTED] Fecha de Naclmiento: \_\_\_\_\_

¿Estudiante actual de Bullis Mountain View Charter School  Sí  No (marque uno)  
 ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District  Sí  No (marque uno)  
 Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: \_\_\_\_\_

**Estudiante 2:**

Nombre: [REDACTED] Grado en el año 2019-20: [REDACTED]  
Apellido, Primer Nombre, Segundo Nombre

Domicilio: \_\_\_\_\_  
Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: \_\_\_\_\_ Edad del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

¿Estudiante actual de Bullis Mountain View Charter School  Sí  No (marque uno)  
 ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District  Sí  No (marque uno)  
 Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: \_\_\_\_\_

Nombre del padre o tutor legal: Maria Bautista Sanchez  
Apellido, Primer Nombre, Segundo Nombre

Domicilio: \_\_\_\_\_  
Calle, Ciudad, Estado, Código Postal

Teléfono de Casa: \_\_\_\_\_ Correo Electrónico: maribautista326@gmail.com

Con mi firma, indico que tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter School para el curso escolar 2019-20. Entiendo que al firmar este formulario no garantiza matriculación en la Bullis Mountain View Charter School. También entiendo que esta información será revelada al Distrito Escolar de Mountain View Whisman School District para apoyar la solicitud de instalaciones bajo la Proposición 39 de la Bullis Mountain View Charter School y el Distrito puede contactarme directamente para verificar mi respuesta.

Firma del Padre o Tutor Legal: Maria Bautista Fecha: 10-11-2018  
**¡¡¡IMPORTANTE!!** Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ave., Los Altos, CA 94022; 650-947-4989

**Bullis Mountain View Charter School  
Intent to Re/Enroll Form  
for purposes of requesting facilities  
DUE Back to the Charter School by October 26, 2018!**

Dear current and potential Bullis Mountain View Charter School parents/guardians:

Under California law (i.e., Proposition 39) the Mountain View Whisman School District must provide the Bullis Mountain View Charter School reasonably equivalent school facilities in which to operate the charter school. This Form may be used to support the Charter School's request for facilities. By submitting this Form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child/children in the Charter School's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

Name: _____ Last, First, Middle	Grade in 2019-20: _____
Home Address: _____ 1642 California St. Mountain View, CA, 94041 Street City, State Zip	
Home Phone: (650) 669 1425	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input checked="" type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the school within the District your son/daughter would otherwise attend: Bubb Elementary	
Name: _____	Grade in 2019-20: _____
Last, First, Middle	
Home Address: _____ Street City, State Zip	
Home Phone: _____	Age: _____ Date of Birth: _____
Current Bullis Mountain View Charter School student? <input type="radio"/> Y <input type="radio"/> N (circle one)	
Resident of Mountain View Whisman School District? <input type="radio"/> Y <input type="radio"/> N (circle one)	
If yes, please list the district school you would otherwise attend: _____	
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: Baidan, Valentyna	
Last, First, Middle	
Home Address: 1642 California St. Mountain View, CA, 94041	
Street City, State Zip	
Home Phone: (650) 669 1425	Email: valentyna@gmail.com

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Bullis Mountain View Charter School for the 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand that this information will be disclosed to the Mountain View Whisman School District to support the Charter School's request for facilities under Proposition 39. Districts have been known to call parents directly to verify their interest; I understand that if the District does contact me, I am not required to answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: [Signature] Date: Oct, 27, 2018  
**IMPORTANT!! Return by October 26, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos, CA 94022; 650-947-4989**

# Bullis Mountain View School Calendar, 2019-2020

4 [Independence Day](#)

JULY 2019						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JANUARY 2020						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

20 [M.L. King Day](#)

Teacher Development Day:  
1/6  
Holidays: 1/20

School Days: 18

Staff Development Days and  
Teacher Work Days: 8/5-13  
First Day of School: August 14  
Back To School Night: 8/29

School Days: 13

AUGUST 2019						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY 2020						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

17 [Presidents' Day](#)

Exhibition Night: 2/28  
Holidays: 2/17-2/22

School Days: 15

2 [Labor Day](#) (Holiday)

School Days: 20

SEPTEMBER 2019						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MARCH 2020						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Teacher Development Days:  
3/16

School Days: 21

October Holidays: 10/7-12  
October Conference Days  
(No School) 10/14 & 10/15

School Days 16

OCTOBER 2019						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL 2020						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

\*April Holidays: 4/6-4/11;  
Teacher Development Day  
4/13

Minimum Day (Staff  
Development): 4/25

School Days: 16

11 [Veterans Day](#)  
28 [Thanksgiving Day](#)

Holidays: Nov 25-Nov 30

School Days: 16

NOVEMBER 2019						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY 2019						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	28	30
31						

25 [Memorial's Day](#)

Exhibition Night - 5/21  
Holidays 5/25

School Days: 20

# Bullis Mountain View School Calendar, 2019-2020

Holidays: Dec 23-Jan 6

School Days: 15

DECEMBER 2019						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## JUNE 2019

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Last Day of School: 6/12  
 Teacher Work Day: 6/13  
 Teacher Development: 6/15-6/20

School Days: 10

Total Pupil Days: 180



Mountain View  
Whisman  
School District

# North Bayshore Development and Impact on MVWSD

November 2, 2017

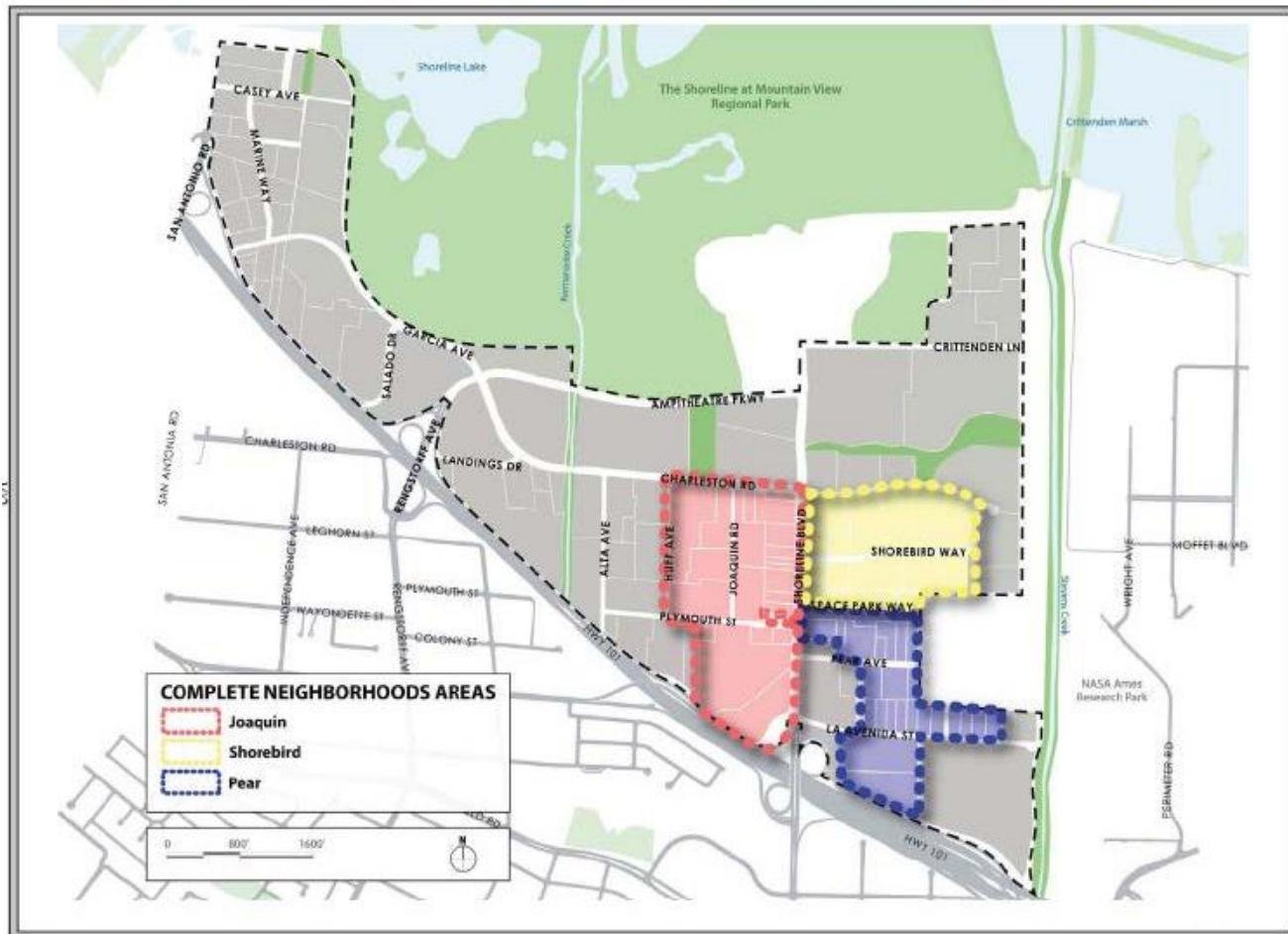




Mountain View  
Whisman  
School District

# Work to Date

# 3 Planned Neighborhoods



PROPOSED COMPLETE NEIGHBORHOODS AREAS

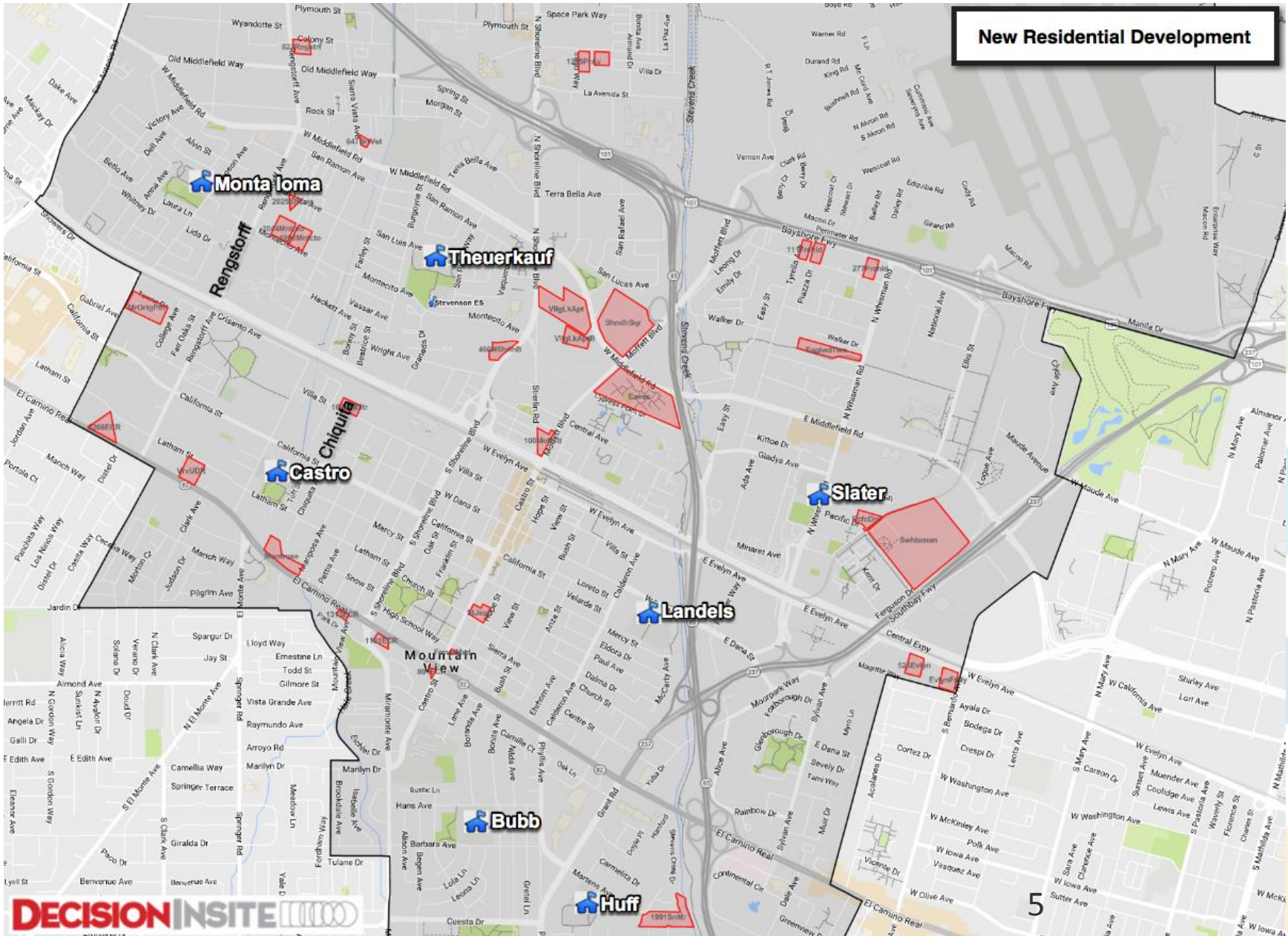
FIGURE 3.3-3

# Previously predicted number of students

	Joaquin Neighborhood					Shorebird Neighborhood					Pear Neighborhood				
	Units		Student Yield	=	Students	Units		Student Yield	=	Students	Units		Student Yield	=	Students
	Market Rate					Market Rate					Market Rate				
K-5	3,160	x	0.1	=	316	2,360	x	0.1	=	236	2,360	x	0.1	=	236
6-8	3,160	x	0.04	=	126	2,360	x	0.04	=	94	2,360	x	0.04	=	94
	Affordable					Affordable					Affordable				
K-5	790	x	0.409	=	323	590	x	0.409	=	241	590	x	0.409	=	241
6-8	790	x	0.228	=	180	590	x	0.228	=	135	590	x	0.228	=	135
	Total Students					Total Students					Total Students				
K-5	639					477					477				
6-8	<u>307</u>					<u>229</u>					<u>229</u>				
	<b>946</b>					<b>706</b>					<b>706</b>				



# New Residential Development



# Understanding New Development and Predictions

## Proposed Dwelling Units Closing by Oct of Year indicated (Moderate)

ProjectName	Type	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
100 Moffett Blvd	MF	184	0	0	0	0	0	0	0	0	0
1101 W El Camino Real	SFA	26	26	0	0	0	0	0	0	0	0
111 & 123 Fairchild Dr	SFA	23	15	0	0	0	0	0	0	0	0
1255 Pear Ave	MF	0	0	0	325	325	0	0	0	0	0
1313 W El Camino Real	MF	0	0	12	12	0	0	0	0	0	0
133-149 Fairchild Dr	SFA	23	12	0	0	0	0	0	0	0	0
1991 Sun Mor Ave	SFD	0	11	0	0	0	0	0	0	0	0
1998-2024 Montecito Ave	SFA	0	13	0	0	0	0	0	0	0	0
2025 and 2065 San Luis Ave	SFA	0	11	11	12	0	0	0	0	0	0
2268 W El Camino Real	MF	0	0	102	102	0	0	0	0	0	0
277 Fairchild Dr	SFA	0	22	0	0	0	0	0	0	0	0
277 Fairchild Dr	SFD	0	4	0	0	0	0	0	0	0	0
525 E Evelyn Ave	SFA	0	0	0	35	35	0	0	0	0	0
647 Sierra Vista Ave	SFA	14	15	0	0	0	0	0	0	0	0
801 W El Camino Real	MF	0	80	84	0	0	0	0	0	0	0
827 N Rengstorff Ave	SFA	12	0	0	0	0	0	0	0	0	0
Eaves	MF	0	0	0	114	114	113	0	0	0	0
Evelyn Family Apartments	MF	0	56	60	0	0	0	0	0	0	0
Fairmont Mixed Use Project	SFA	0	7	7	0	0	0	0	0	0	0
Montrose	MF	78	78	0	0	0	0	0	0	0	0
Mora-Ortega Precise Plan	SFA	0	35	40	0	0	0	0	0	0	0
Pacific Dr	SFD	0	16	0	0	0	0	0	0	0	0
South Whisman Project	SFA	60	69	69	0	0	0	0	0	0	0
South Whisman Project	MF	0	0	130	130	134	0	0	0	0	0
St. Joseph's	MF	0	0	12	0	0	0	0	0	0	0
Tanglewood Townhomes	SFA	0	0	37	0	0	0	0	0	0	0
Verve (UDR)	MF	155	0	0	0	0	0	0	0	0	0
Village Lake Apartments	MF	0	0	0	0	168	168	167	0	0	0
<b>Total:</b>		<b>575</b>	<b>470</b>	<b>564</b>	<b>730</b>	<b>776</b>	<b>281</b>	<b>167</b>	<b>0</b>	<b>0</b>	<b>0</b>

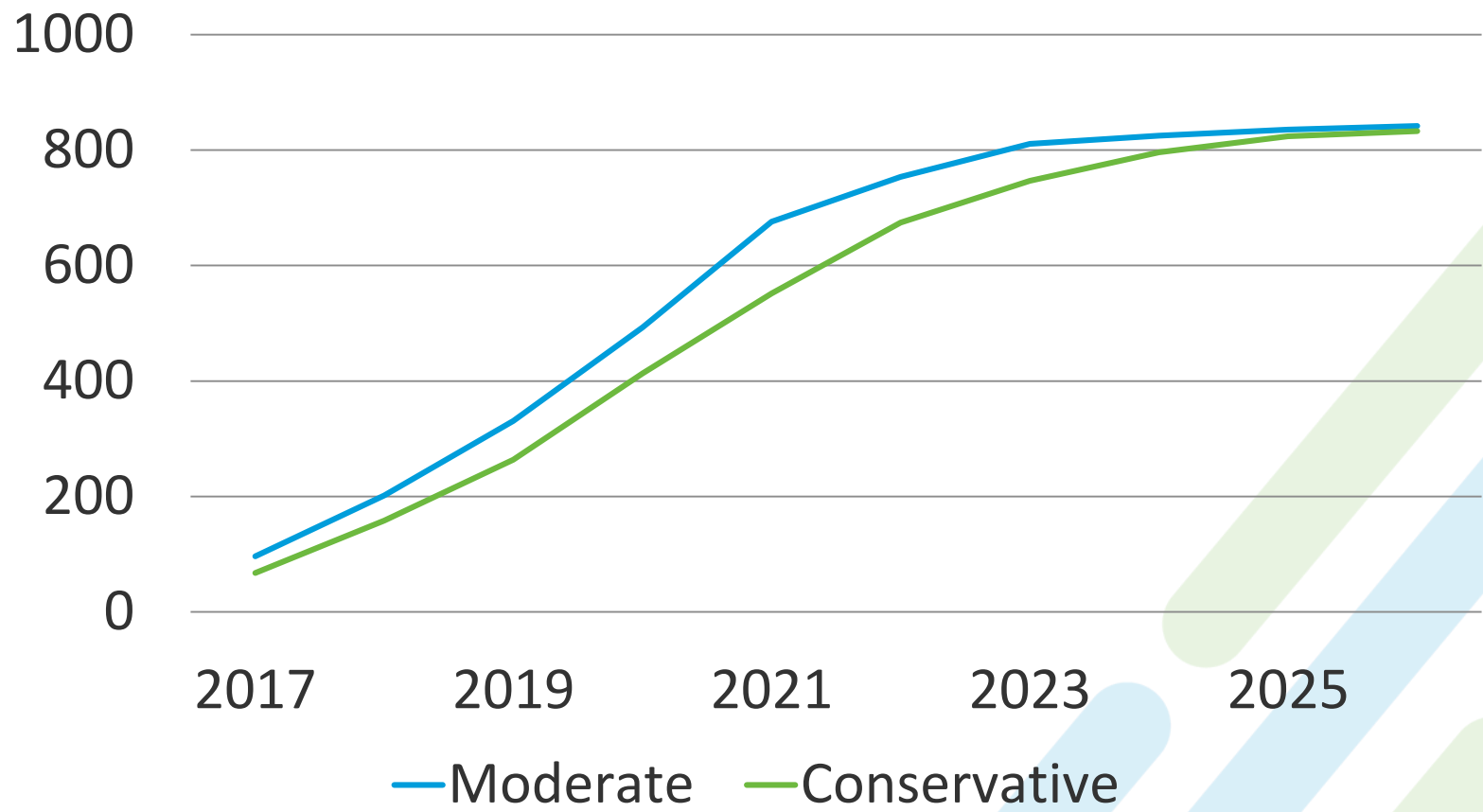
# Historically Below Market Rate/ Affordable Housing Generates More Students Than Typical Housing.

Mountain View Whisman School District  
AFFORDABLE HOUSING STUDENT GENERATION RATE (SGR)

SITENUMBER	SITESTREET	SITECITY	SITESTATE	SITEZIP	TOTUNITS	EFFYRBLT	TK	K	1	2	3	4	5	6	7	8	Students	Units	Name
135	Franklin St	Mountain View	CA	94041	51	2013	1	2	4	2	3	2	5	2	4	5	30	51	Franklin St. Family Apartments
2230	Latham St.	Mountain View	CA	94040	74	1995	1	5	4	8	7	5	7	8	7	6	58	74	Marcy Freelan Place
1909	Hackett St.	Mountain View	CA	94043	34	1974	0	0	0	2	1	1	3	1	1	2	11	34	Sierra Vista Apartments
446	Tyrella Ave.	Mountain View	CA	94043	56	1970		4	2	2	4	8	5	1	7	5	38	56	Tyrella Gardens
							2	11	10	14	15	16	20	12	19	18	137	215	
																	0.637		
							0.409												
							0.228												
							0.637												

# K-8 Students Generated by Current Proposed Residential Development (Moderate) Not Including North Bayshore and East Whisman

## Students Generated by Residential Development



# To Date....

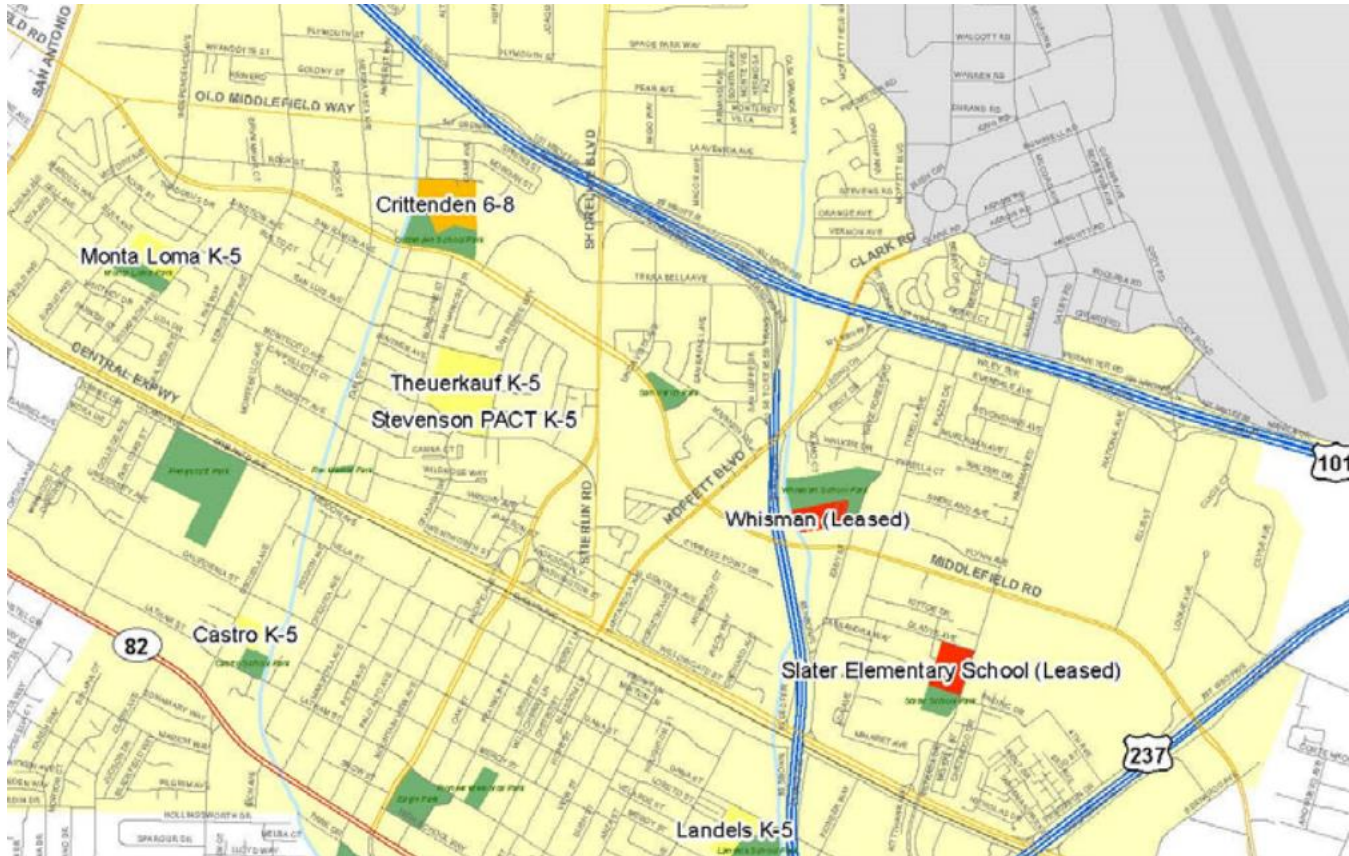
- North Bayshore will have 3 neighborhoods
- Total # of housing units (9850 with 20% being affordable)
- Projected impact (2167 new students in addition to growth)
  - Does not include planned growth in the district (842 predicted by DecisionInsite)
- East Whisman is predicted to generate 1077
- Total new students 4086



Mountain View  
Whisman  
School District

# Impact on Northern Schools

# Northern Schools



# Current Facilities

	Crittenden	Monta Loma	Theuerkauf	Slater
Capacity	925	525	500	450
Current enrollment	661	459	367	Projected 465
Additional Space for students	+264	+66	+133	-15

Additional capacity in current facilities = 448



	Joaquin Neighborhood					Shorebird Neighborhood					Pear Neighborhood				
	Units		Student Yield	=	Students	Units		Student Yield	=	Students	Units		Student Yield	=	Students
	Market Rate					Market Rate					Market Rate				
K-5	3,160	x	0.1	=	316	2,360	x	0.1	=	236	2,360	x	0.1	=	236
6-8	3,160	x	0.04	=	126	2,360	x	0.04	=	94	2,360	x	0.04	=	94
	Affordable					Affordable					Affordable				
K-5	790	x	0.409	=	323	590	x	0.409	=	241	590	x	0.409	=	241
6-8	790	x	0.228	=	180	590	x	0.228	=	135	590	x	0.228	=	135
	Total Students					Total Students					Total Students				
K-5	639					477					477				
6-8	<u>307</u>					<u>229</u>					<u>229</u>				
	<b>946</b>					<b>706</b>					<b>706</b>				

Elementary School capacity  
1593 projected (minus) 199 = 1394 students over  
Middle School capacity  
765 projected (minus) 264 = 501 students over

# Use of other facilities

- Certificate of Participation to pay for building Slater Elementary
  - Avoided taxation on the city, northern Mountain View residents (former Whisman School District)
  - Several sites listed as collateral for default
  - \$2.65 million payment until 2036
  - Developer fees, lease revenue (GISSV and Google) cover this cost, which limits our ability to terminate



Mountain View  
Whisman  
School District

# Updated numbers

# Updated Student Generation Rates

Market Rate Multi Family					
Grade	SGR		Units	=	Students
K-5	0.073	x	3,940	=	288
6-8	0.032	x	3,940	=	126
					414
Affordable					
K-5	0.308	x	1,970	=	607
6-8	0.247	x	1,970	=	487
					1,094
<b>Total:</b>					<b>1,508</b>

(Sources: Schoolhouse Planning, and Jack Schreder & Associates)

Micro Units					
Grade	SGR		Units	=	Students
K-5	0.008	x	3,940	=	32
6-8	0.005	x	3,940	=	20
					52
GRADE					STUDENTS
K-5					927
6-8					633
<b>Total:</b>					<b>1,560</b>

(Sources: Schoolhouse Planning, and Jack Schreder & Associates)

**Adjusted Elementary School capacity**  
 927 projected (minus) 199 = 728 students over  
**Adjusted Middle School capacity**  
 633 projected (minus) 264 = 369 students over

# Adjusted Funding Gap

MVWSD collects \$2.32/Sq.Ft. of Level I Developer Fees									
Units	# of Units		Avg. Sq.Ft.		Sq.Ft.		Fees		Total
Micro/Studio	3,940	x	450	=	1,773,000	x	\$2.32	=	\$4,113,360
1-Bedroom	2,955	x	715	=	2,112,825	x	\$2.32	=	\$4,901,754
2-Bedroom	1,970	x	1,025	=	2,019,250	x	\$2.32	=	\$4,684,660
3-Bedroom	985	x	1,250	=	1,231,250	x	\$2.32	=	\$2,856,500
									<b>\$16,556,274</b>

*(Source: City of Mountain View, and Jack Schreder & Associates)*

Total State Funding and Developer Fees (excluding land): **\$34,283,634**

The shortfall between the actual cost to house K-8 students and funds from State grants and developer fees:

Actual:	\$109,795,233
State and Local Funding:	<u>\$34,283,634</u>
Shortfall:	<b>\$75,511,599</b>