California Republic Leadership Academy Capistrano Meaningful Interest Form For Purposes of Requesting Facilities

DUE Back to the Charter School by October 15, 2023!

Dear potential/current California Republic Leadership Academy parents/guardians:

Under California law (i.e., Proposition 39) the Capistrano Unified School District (the "District") must provide California Republic Leadership Academy Capistrano (the "Charter School") with 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 2024-2025 school year. Thank you very much for your support and cooperation!

Student Information:

Student #1 Name: Grade in 2024-25: Last, First, Middle Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one) If yes, please list the school within the District that your child would otherwise attend: Student #2 Name: Grade in 2024-25: Last, First, Middle Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one) If yes, please list the school within the District that your child would otherwise attend:				
Last, First, Middle Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one) If yes, please list the school within the District that your child would otherwise attend: Student #2 Name: Grade in 2024-25: Last, First, Middle Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one)				
Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one) If yes, please list the school within the District that your child would otherwise attend: Student #2 Name: Grade in 2024-25: Last, First, Middle Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one)				
Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one) If yes, please list the school within the District that your child would otherwise attend: Student #2 Name: Grade in 2024-25: Last, First, Middle Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one)				
Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one) If yes, please list the school within the District that your child would otherwise attend: Student #2 Name: Grade in 2024-25: Last, First, Middle Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one)				
Resident of Capistrano Unified School District? Ý/N (circle one) If yes, please list the school within the District that your child would otherwise attend: Student #2 Name: Grade in 2024-25: Last, First, Middle Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one)				
Student #2 Name: Grade in 2024-25: Last, First, Middle Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one)				
Name: Grade in 2024-25: Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one)	If yes, please list the school within the District that your child would otherwise attend:			
Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one)				
Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one)				
Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one)				
Street City, State Zip Home Phone: Age: Date of Birth: Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one)				
Current Charter School student? Y/N (circle one) Resident of Capistrano Unified School District? Y/N (circle one)				
Resident of Capistrano Unified School District? Y/N (circle one)				
If yes, please list the school within the District that your child would otherwise attend:				
	If yes, please list the school within the District that your child 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 California Republic Leadership Academy Capistrano for the 2024-25 school year. I understand that signing this Form does not guarantee admission and/or enrollment in the Charter School. I further understand that this information will be disclosed to the Capistrano Unified 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 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:
Siulialule di Palelii/Leuai Gualulali.	Dale.