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.

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

Α	В	С	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			
Total			159.6

Table 2: Total In-District ADA

Α	В	С	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			
Total			159.6

Table 3: Total Classroom ADA

Α	В	С	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			
Total			159.6

Table 4: Total In-District Classroom ADA

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

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	4	9	2	3										
Elementary														
Theuerkauf	2	9	4	5										
Elementary														
Monta Loma	4	9	6	1										
Elementary														
Garbriela Mistral	1	1	3	4										
Elementary														
Edith Landels	6	20	8	8										
Elementary														
Benjamin Bubb	1	3	10	3										
Elementary														
Stevenson Elementary	0	0	0	0										
Frank L. Huff	2	8	6	5										
Elementary														
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 $1^{st} 2^{nd}$ 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:

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

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 The petitioners listed below certify that they are parents or guardians who are meaningfully interested in having their children or ward(s) attend the Team to negotiate any non-substantive amendments to the charter necessary to secure approval. Signature page is attached to petition upon signature We the undersigned believe that the attached charter for the creation of Bullis Mountain View Charter School (the "Charter School") merits

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

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

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PETICIÓN PARA ESTABLECER LA ESCUELA BULLIS MOUNTAIN VIEW CHARTER SCHOOL

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

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consideration and hereby petition the governing board of the Mountain View Whisman School District to grant approval of the charter pursuant to 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 Education Code Section 47605 to enable the creation of the Charter School. The Petitioners for the Charter School agree to operate the Charter Charter School The petitioners listed below certify that they are parents or guardians who are meaningfully interested in having their children or ward(s) attend the We the undersigned believe that the attached charter for the creation of Bullis Mountain View Charter School (the "Charter School") merits

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themost 1/2/18		theinkart	custro	therucato	Monta	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
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NAME	ROOPSHA SENGUPTA Malights				
SIGNATURE	Religion			· ·	
ADDRESS	MOUNTAIN VIEW CA 94040				
NUMBER	6502846242				
DE EL DENT ERING 119-202(· ·
NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL	CASTED				
DATE	16/3/18				· · · · · · · · · · · · · · · · · · ·

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				Gerlice, Millso der	NAME
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				22/ Pelnik Pl. Mundain View) CA	ADDRESS
				44-7582 K	PHONE NUMBER
				/	GRADE LEVEL STUDENT ENTERING IN 2019-2020
				Londells 9/16/14	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
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				VirginiaChen	NAME
					SIGNATURE
				Mountain View, CA 94043 9720	ADDRESS
				48-316- 9720	PHONE NUMBER
				7	GRADE NAME OF LEVEL NEIGHBOR- STUDENT HOOD ENTERING DISTRICT IN 2019-2020 SCHOOL
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			Oi-Yan Chung	Tiffainy Lee	NAME
			97-CQ-	July Jee	SIGNATURE
			213 Palmita PI Mountain View, CA 94041	134 Azalea Drive Mountain View, CA 94041	ADDRESS
			(650) 919- 3420	658) -018(53)	PHONE NUMBER
			Knobegalter Landels	Kindergasfus	GRADE LEVEL STUDENT ENTERING EN 2019-2020
				Kindergalfan Loncle Is 9/28/18	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
			9/8/18	9/28/18	DATE

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	Brian Villians Man halle	Kathyn Beals	Travis Beals	Christing Noo	NAME
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	Mountain View coquenty 1474	7 Sutter Creek Ly Mountain New CA 94043	7 Suffer Creek Ly Mountain View 494043	Mountain Viow, CA 94043	ADDRESS
	650 906	650-224 9326	5828 hzz as9	1264 - 416-514	PHONE NUMBER
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	Londie	Theurkaut 9/19	Theuerhaut 9/19	Thenerkant 9/19/18	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
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Andrea Heggern Budwalf	Pamer PARK	SOE SIELEURI	Hansham Huralts	Jenney Choi	NAME
gen	A32	28	mules	920	SIGNATURE
Mourbin View, CA 94043	for CHURCHST. MOUNTAIN NOW, 94041	215 Chiquita Ave Mtn Vicus CA 94041	1003 bernika Arc, mi 940-10	164 Holland CT, Monatain View, 442- CA 425-	ADDRESS
408-499-	617-953-	5036 408 6036	584344	425-2925	PHONE NUMBER
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Thewakoff	LANDELS	Castro	Bubb	Huff	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
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i	Landels	Landels	Landels	tuff	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
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Micrerie Ward	Mouthen Patterson Months	SING YUN - CHU	Manport: 11	XJUGYAC YE	NAME
	Ţ	Bar Man	Joseph Medel	DMa	SIGNATURE
MINDER NEW CU DANI	39 Sowhill lave Montain View CA 94043	2580 BLV IN ST.	Manporte: 11 Methyllmboles Mountain View, CA 04043	3360 Shady Spring Ln Mountain View, CA 94040	ADDRESS
5960 2mg	£2ht-mb	4801938	1996 - 5704 (0.59)	310-993-915	PHONE NUMBER
K	\nearrow	ブ	77	×	GRADE LEVEL STUDENT ENTERING IN 2019-2020
Mounthy new Minson	Themekant 9/15/18	Monta	Roma	th	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
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		Sarah Pham	Shu Liu	MAZIO	NAME
		2 July 2	Shur	(K)	SIGNATURE
		570S Rengstorff Avenue 312-375, +21, Nountain New 94040 -0502	440 Cein the	Mountain View CA Mountain View CA 94043	ADDRESS
		312-375. 40 -0502	050- 230- 8876	325-297	PHONE NUMBER
		\nearrow	7	Stende.	GRADE NAME O LEVEL NEIGHB STUDENT HOOD ENTERING DISTRIC IN 2019-2020 SCHOOL
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		Lauren Chudzik	Bran METTU	Mikhail Bautin	NAME
		Je in the second	Ter	Mayer	SIGNATURE
		Nountain View CA Gyoy11	ROI ADA AVENUE #38	46, Mountain View, CA 7384	ADDRESS
		1201	408 324	1,88L (9,5 915	PHONE NUMBER
		2	大	k	GRADE LEVEL STUDENT ENTERING IN 2019-2020
		Landels	WHISMAN 9/15/	Whismen	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
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				Tercen Supirmen	NAME
				may	SIGNATURE
		·		Zoso Manich Way #12- Mountain View, CA	ADDRESS
				2648	PHONE NUMBER
				120	GRADE LEVEL STUDENT ENTERING IN 2019-2020
				Bubb	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
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Cindy Omi	Elizabeth South	CANG SEVANDUR	David Voci	David Thai	NAME
Certo	ANDMA	XX		9	SIGNATURE
Mountain View, CA 940401882	Mountain View Of 94040 3474	274 LORETO ST MOUNTAIN VIEW SHOH	2343 Crais CT Mountainier 94043	2343 Crais CT 851708 Mountainview 94043 8809	ADDRESS
415-260	914-565 3474	75.854 3854	831 708	831 708 8809	PHONE NUMBER
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Huff gule	HUFF	LAWRELS 9/11/18	Monde	unker	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
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CHUAN QIN	RESHMA MEHTA	Puroning Ent-no	OLHA Druzhyn)na	RustanaDeykun	NAME
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MU CA 94043	AIS SAINT EMILION	1126 Boards Are.	Ave., unterin Ven	2+34 Rock Str. Ap. 14 Hountain View	ADDRESS
hit tss	7188 844-419	224° 234° 408°-	650-450-	View 5767	PHONE NUMBER
246	CARTEN	A CAR	126	parter -	GRADE LEVEL STUDENT ENTERING IN 2019-2020
Thembauf 9/11/18	CHARCTEN THEOREANT 9/11/18	Bubb	Hut	routa	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
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5. Carmetita	Phyanta Thatene	Dhwam Shah	Adam Trust	Elizabeth Stawar	NAME
Blubband	myand	Mack	Mello		SIGNATURE
Mountain View 94043	Mountain Niew 94040	Mountain View 94040	7 2511 Alvin St 2 Mbn View, CA 94043	1351 Brookedak Anc MAn View, CA THOTO	ADDRESS
(SO 772	408 963	72 £06	5082 816 204	5081 316 807	PHONE NUMBER
Pre-K	he school	first	X	First	GRADE LEVEL STUDENT ENTERING IN 2019-2020
Theurkauf	Applescod	Huff	Month	Bubb	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
81/1/8	81/11/18	9/11/18	31/11/12	9/11/18	DATE

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	tea-Ann	MATIANA	CLARA LEWIS	IM WAHLONST-	NAME
· ·	H	A.	Clashfurs	27/16	SIGNATURE
	NITY CA Sto4]	MTV CA 94040	235 Fair Oaks Aue #B MTV CA 94040	TTV CA grous	ADDRESS
	050 482 11 45	813 407	617459	350 350 202	PHÓNE NUMBER
	TX	15+	tst tst	125	GRADE LEVEL STUDENT ENTERING IN 2019-2020
	Landels 911/18	4 NCW	Monta	tone	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
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Cirbedy vetersis	MITCESH SHAH	Tianging Liao	Bian Liu	Meinei Thou	NAME
Cappin	Wall Mark		Ol ha	Werwei Thou	SIGNATURE
Mell California St #25	487 TAN DAK TER	350 Fay Way	1045 Williams Way , Apt 4	1920 Lathorn Street, AR#20 6504692604	ADDRESS
650-2429	425818	6262989612	(650) 276-8946	650469260v	PHONE NUMBER
22 + + 100	2	7	\nearrow	T	NUMBER OF CHILDREN ENTERING GRADE [FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN 2019-2020
CHAILE	SCUST 8/20/18	Monta long 8/30/201	Huff	Whishow 08/30/201	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
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Nadja Togasaki	Liqua Shens	Maria Salgero	Li Tong	ANDUCA) ME	NAME
An.	An 25	margans	dr	R	SIGNATURE
Meantain View CA 94041	Apt 51	Mountain View	828 Bay It	374 KCWJAM 4085	ADDRESS
(408)865-0309 2 rd	650-669-7673 K	(450)859-00 2nd.	87288578	G0738412	PHONE NUMBER
200	7	2nd.	~	1	NUMBER OF OF CHILDREN ENTERING GRADE [FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN 2019-2020
Landels	MV	(N)	m	MV	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
8/30.	8/30	8/3	8/30	8/32	DATE

PETICIÓN PARA ESTABLECER LA ESCUELA CHARTER BULLIS MOUNTAIN VIEW CHARTER SCHOOL

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

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					(toold)	GEORGINA Pa	Vomilary moza	Jerres Somes	ADRIANA OCHOA	NOMBRE
						Race	v moza	60mg	OCHOA	
								S June 6		FIRMA
						SIMESCUELCI QUE.	1825 Callemnest movement	CA 94040 650)	302 EASY ST #43 MIN 94043	DIRECCIÓN
						264 47	909 (509)203-	5/8-1140	129 199	, ,
						公本	K	大大	EN 2019- 2020 T-K	GRADO DEL ESTUDIANTE
						OSWAN	MU WSD 8/3018	My WSD 8/30/18	MVWSD 8/30/18	DISTRITO ESCOLAR
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			Inbal Lev	NAME
			D	SIGNATURE
			1552 begon ANE.	ADDRESS
			hGVt -089-80 h	PHONE NUMBER
				NUMBER OF OF CHILDREN ENTERING GRADE [FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN 2019-2020
			Whismar (Bubb)	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
			8,26,	DATE

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Gres Branner	TASNEEM DALAL	Carlos Taina Carlos T.	1sta Ba	(out of district)	William Lee	NAME
M					- Com	SIGNATURE
Mountain viru, CA 94-41	MOUNTAIN VIEW, CA AMOND HE	659 Moorpark way	Mustern View, CA 94040	2747 921 Medio ct	GS8 Willowgot St Mountain View, CA 94043	ADDRESS
408-431-022 18+Gr	488-348-7657	11 40 & 862828	7157321615		(65.776.303	PHONE NUMBER
TUR 18+G,	1s+Gr.	Kinder			15+ 61.	NUMBER OF CHILDREN ENTERING GRADE [FILL IN ALL GRADE LEVEL RANGE FOR FIRST YEAR] IN 2019-2020
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PETICIÓN PARA ESTABLECER LA ESCUELA CHARTER BULLIS MOUNTAIN VIEW CHARTER SCHOOL

en inscribir a sus estudiantes en 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 conforme a la Sección 47605 del Código de Educación para permitir la creación de la Escuela Chárter. Los Peticionarios de 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 aprobación. La página de la firma se adjunta a la petición en la firma. Los peticionarios abajo certifican que son padres significativamente interesados Nosotros, los abajo firmantes, creemos que el chárter adjunta para la creación de Bullis Mountain View Escuela Chárter (la "Escuela Chárter") Chárter. Los peticionarios autorizan al Equipo de Liderazgo a negociar cualquier enmienda no sustantiva al chárter necesaria para obtener la

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PETICIÓN PARA ESTABLECER LA ESCUELA BULLIS MOUNTAIN VIEW CHARTER SCHOOL

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	r	247 CACABOLISM OR SHOULD	7th view store	1045 Williams Way Apt4, Mountain View, 94040	ADDRESS
		650-6703	218-5406	(650) 276-894 K	PHONE NUMBER
		ベ		X	GRADE LEVEL STUDENT ENTERING IN 2019-2020
		HLPS	H	Huff	NAME OF NEIGHBOR- HOOD DISTRICT SCHOOL
		10/14/	2011	6/12/07	DATE

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!

Name: Last, First, M	Middle	Grade in 2019-20:
Home Address:	Gretel Ln.	Mountain view, CA 94040
Street City,	State Zip	
Home Phone: 65	P) 996- 2359 Age:	Date of Birth:
Resident of Mounta	in View Whisman School e school within the Distric	I student? Y/IQcircle one) District? Y/N (circle one) ct your son/daughter would otherwise attend: ———
Name:		Grade In 2019-20:
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Resident of Mounta	ain View Whisman School ne district school you wou	ol student? Y/N (circle one) I District? Y/N (circle one) Ild otherwise attend:
Parent/Legal Guard	1.000005180-04	Tour Tour
Parent/Legal Guard	lian Name: Ho	TSUN-TSUN
Parent/Legal Guard Parent/Legal Guard Last, First,	Middle	
Parent/Legal Guard Parent/Legal Guard Last, First, Home Address: 12	Middle 49 Gretel Ln State Zip	TSUN-TSUN Mountain view, CA 9400 ail: 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.

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

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!

Name: Last, First, Middle Home Address; 23 S C D W + R AV MO UNTAIN VIEW Street City, State Zip Home Phone: 650 248 2556 Age: Date of Birth: Current Bullis Mountain View Charter School student? Yin (circle one) Resident of Mountain View Whisman School District? In (circle one) If yes, please list the school within the District your son/daughter would otherwise attend Last, First, Middle Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Bullis Mountain View Charter School student? Yin (circle one) Resident of Mountain View Whisman School District? Yin (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: Same Street City, State Zip Home Phone: Email: VYSMAII Agamai		on:						
Street City, State Zip Home Phone: 650 248 2556 Age: Date of Birth: Current Bullis Mountain View Charter School student? Y/R Circle one) Resident of Mountain View Whisman School District? 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 Name: WA G. LE., VR ISH ALJ Last, First, Middle Home Address: Street City, State Zip Street City, State Zip	Name:	Last First Mide	lle		4	_ Grade in 20	19-20: <u>-2</u>	70 T
Home Phone: 650 248 2550 Age: Date of Birth: Current Bullis Mountain View Charter School student? Y/R (circle one) Resident of Mountain View Whisman School District? 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: WAGLE, VRISHAL Last, First, Middle Home Address: Street City, State Zip Street City, State Zip	Home A	ddress: 8/320	WER	AV	M	OUNTE	-1N	VIEW
Current Bullis Mountain View Charter School student? Y/I/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: 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 Name: Last, First, Middle Home Address: Street City, State Zip Street City, State Zip		Street City, Stat	te Zip	-~4				
Resident of Mountain View Whisman School District (YN (circle one) If yes, please list the school within the District your son/daughter would otherwise attend Name: Last, First, Middle	Home P	hone: <u>650 ′</u>	248 25	Age: _	4	Date of Birtl	: 4	خيب
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: WAGLE, VRISHAL Last, First, Middle Home Address: Street City, State Zip	Resider	nt of Mountain \	∕iew Whismar	n School D	istrict?	YN (circle o	ne)	rwise attend
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: WAGLE, VRISHAL Last, First, Middle Home Address: Street City, State Zip	Name:					Grade	in 2019-	20:
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: WAGLE, VRISHAL Last, First, Middle Home Address: Same Street City, State Zip	Home /	Last, First, Midd \ddress:	dle					
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: WAGLE, VRISHAL Last, First, Middle Home Address: Same Street City, State Zip		Street City, Sta	te Zip		 -			
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	'			Ana			ı	
Last, First, Middle Home Address: Street City, State Zip	Home F	'hone:	····			Date of Birth	· ———	
Street City, State Zip	Current Resider If yes, p Parent	t Bullis Mountaint of Mountain \ please list the di Legal Guardian	in View Charto View Whisma istrict school Information:	er School s n School D you would	student' istrict? I otherw	? Y/N (circle Y/N (circle o ise attend: _	one) ne)	
	Current Resider If yes, p Parent	t Bullis Mountaint of Mountain \ please list the di Legal Guardian	in View Charto View Whisma istrict school Information:	er School s n School D you would	student' istrict? I otherw	? Y/N (circle Y/N (circle o ise attend: _	one) ne)	
Home Phone: Email: VYIShali @gmail	Current Resider If yes, p Parent/	t Bullis Mountaint of Mountain to Mountain to lease list the different Guardian Legal Guardian Last, First, Mid	in View Charte View Whisma istrict school Information: Name:	er School s n School D you would	student' istrict? I otherw	? Y/N (circle Y/N (circle o ise attend: _	one) ne)	
	Current Resider If yes, p Parent/ Parent/ Home	t Bullis Mountain to f Mountain to f Mountain to lease list the different Guardian Legal Guardian Last, First, Mid Address:	in View Charte View Whisman istrict school Information: Name: Ul dle	er School s n School D you would	student' listrict? I otherw	Y/N (circle Y/N (circle o ise attend: _ VR\SI	one)	

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Signature of Parent/Legal Guardian:

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

Proposition 39 Request: 2019-20 School Year

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!

Name:	Grade in 2019-20:
Last, First, Middle	
Home Address:	athom street: Aprt 120, 94040
Street City, State	Zin 7/10/10/10/10/10/10/10/10/10/10/10/10/10/
Home Phone: 17504	692600 Age: Date of Birth:
Resident of Mountain Vie	View Charter School student? Y/D/circle one) ew Whisman School District? (IN) (circle one) ool within the District your son/daughter would otherwise attend
Name:	Grade in 2019-20:
Last, First, Middle Home Address:	•
nome Address:	
Street City, State	Zip
Home Phone:	Age: Date of Birth:
Resident of Mountain Vie	View Charter School student? Y/N (circle one) sw Whisman School District? Y/N (circle one) trict school you would otherwise attend:
Parent/Legal Guardian In	ame: \
Parent/Legal Guardian In Parent/Legal Guardian N I my // // // // // // // // // // // // //	ame: \ \text{We1} \text{V4040}
Parent/Legal Guardian In Parent/Legal Guardian N March Media Last, First, Middle Home Address:	ame: \

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Proposition 39 Request: 2019-20 School Year

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Name: Taxable Manager		Grade in 2019-20:	
Last, First, Middle	J. (4.		
Home Address: 43 Nichales	, Ω,	MV 94843	
Street City, State Zip	100.		
Home Phone: 415 763. 5366	Age:	Date of Birth:	
Current Bullis Mountain View Charte Resident of Mountain View Whisman If yes, please list the school within the	n School Distri he District you	ict?(Y/N (circle one) ır son/daughter would otherw	rise attend:
Name: Last, First, Middle		Grade in 2019-20:	:
Last, First, Middle			
Home Address:			
Street City, State Zip		<u> </u>	
Home Phone:	Δαe·	Date of Birth:	
nome i nome.			
Current Bullis Mountain View Chart	er School stut	lent? Y/N (circle one)	•
Resident of Mountain View Whisma If yes, please list the district school	n School Distr	nct? Y/N (circle one) herwise attend:	
Parent/Legal Guardian Information:			
Parent/Legal Guardian Name:	New zel	Nathan Deville	-
Last, First, Middle			
Home Address:	· ()	MU CA 9404	3
43/ NICL.			
Last, First, Middle Home Address: Street City, State Zip Home Phone: 4/5 763:53			

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.

Proposition 39 Request: 2019-20 School Year

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

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Name:			Grade	in 2019-20:	The state of the s
Last, F Home Address	irst:Middle 26 Brenton	C+1	Monntage (lieur	(A 94043
Street	Clty, State Zip				
Home Phone: _	650 215-8977	Age:	Date of	Birth:	
Resident of Mo	Mountain View Charte ountain View Whisman	n School Dis	strict?(Y)N (cire	cle one)	
If yes, please li	st the school within t	he District y	our son/daugh	ter would ot	herwise attend: (St. Silven)
Name:				Grade in 201	9-20:
Last, F	irst, Middle				
Home Address	126 Brenton	CJ.	Mountain	View,	CA 9400
Street	City, State Zip			,	
Home Phone:	650 215 8977	Age:	Date of	Birth:	
Current Bullis Resident of Mo	Mountain View Charte ountain View Whisma ist the district school Suardian Information:	n School Di you would	tudent? YÆCcl strict?27N (cir otherwise atter	rcie one) cle one) nd: <u>pr/</u>	nte (st. s
if yes, please i Parent/Legal C	Suardian Information:				
i dicitaregui e	Of Control Districtions in progress of t			14	
Parent/Legal C	Suardian Name: W2110) ,	Daniel.		
Parent/Legal C	Suardian Name: WLNo) ,	Daniel.		

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

Proposition 39 Request: 2019-20 School Year

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

Student Information:

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 reenrolling (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!

	City, State Zip 6 5 0 906 1474 _{Age:} _			94
Home Phone:	9 7 0 900 1~7~Age: _	Date of Birth:		
Resident of Mo	Mountain View Charter School s untain View Whisman School D st the school within the District	District?(Y/N (circle one)	otherwise attend:	
Name:		Grade in 2	019-20:	
Last, F Home Address	irst, Middle			
Street	City, State Zip			
Home Phone:	Age:	Date of Birth:		
Resident of Me If yes, please I Parent/Legal G	Mountain View Charter School sountain View Whisman School I ist the district school you would buardian information:	District? Y/N (circle one) d otherwise attend:		
Parent/Legal 0	iuardian Name: WILLI	ums Brian	Donnd	
[set]	irst, Middle H73 Cen®ro City, State Zip 650 908 1474 Emai			-ca
Street	City, State Zip	. halis Ochr	omest/arev	مادم م
Ou co.	1.5 1. 918 14 14 mm			

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

Proposition 39 Request: 2019-20 School Year

Intent to Re/Enroll Form

Signature of Parent/Legal Guardian:

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 i	nformation:
	Name Grade in 2019-20:
منت	Home Address: 280 Orchard Avenue Apt M. Mantan View, Street City, State Zio
	Home Address: 250 Orchard Avenue Apt M. Mantan View, Street City, State Zip Home Phone: 267-879 3856 Age: Date of Birth.
	Current Bullis Mountain View Charter School student? Y/B/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:
Territory)	Last, First, Middle
,	Home Address: 280 Orchard Avenue APT M Mountan vitus Street City, State Zip No. 266 No. 2
	Home Phone: 267-879-3856 Email: 1/a2yur 6 gma1. 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:

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

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

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!

	Grade in 2019-20:
Last, First, Middle	
Home Address: 1033 Crestview Dr. Apt 316.	CA 9 4040
Street City, State Zip	
Surest City, State Zip	
Home Phone: 650 - 776 - 546 Age:	Date of Birth:
Current Bullis Mountain View Charter School Resident of Mountain View Whisman School If yes, please list the school within the Distric	l student? Y/i⊠circle one) District?(y/N (circle one) ct your son/daughter would otherwise attend:
Frank Huf	
ı	
Name:	Grade in 2019-20:
Name: Last, First, Middle	
Home Address:	
Street City, State Zip	
Home Phone:Age:	Date of Birth:
Current Bullis Mountain View Charter School Resident of Mountain View Whisman School If yes, please list the district school you wou Parent/Legal Guardian Information:	i District? Y/N (circle one)
Parent/Legal Guardian Name:	, Shan
Last, First, Middle	
Home Address: 1028 CYESTUIEW DV. APT	316, CA 94040
TOSS CIESCULENC VIA 1	
Street City, State Zip Home Phone: 650-776-5469Em	

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: 18 20 18 Date: 4 8 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

Proposition 39 Request: 2019-20 School Year

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!

ſ	formation:
- 	Name: Grade in 2019-20:
Ì	Home Address: 716 Pettis Ave
	Street City, State Zip Home Phone: 32 94645/Age: Date of Birth:
	Home Priorie:
	Current Bullis Mountain View Charter School student? Y/N (circle one) Resident of Mountain View Whisman School District? V/N (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: Edith = Lendar Elementary
'	
	Name: Grade in 2019-20: Last, First, Middle
	Last, First, Middle Home Address:
	Street City, State Zip
	l , , , , , , , , , , , , , , , , , , ,
	1
	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:
	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:
Section 1	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:
The second secon	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 Name: Last, First, Middle

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Signature of Parent/Legal Guardian: IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos.

Proposition 39 Request: 2019-20 School Year

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 Builis 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:	
lombre. Apellido, Primer Nombre.	Grado en el año 2019-20:
calito ned	ST # 192 MOUTHAIN VIEW
calle, Ciudad, Estado, Código Pos	stal '
eléfono de Casa:	Edad del Estudiante: Fecha de Nacimiento:
Reside usted dentro de los lím //No (marque uno) contesto sí, por favor identifí	ountain View Charter School Sí/t (marque uno) nites del Distrito Escolar de Mountain View Whisman School District ique la escuela dentro del distrito a la cual su estudiante de otra
Estudiante 2:	
Nombre:	Grado en el año 2019-20:
Apellido, Primer Nombre Domicilio:), Segundo Nombre
Calle, Ciudad, Estado,Código Pos	stal
eléfono de Casa;	Edad del Estudiante: Fecha de Nacimiento:
Estudiante actual de Bullis Mo	ountain View Charter School Si/No (marque uno)
Reside usted dentro de los lím	nites del Distrito Escolar de Mountain View Whisman School District
¿Reside usted dentro de los lím Sí/No (marque uno) Si contesto sí, por favor identifi	fique la escuela dentro del distrito a la cual su estudiante de otra
¿Reside usted dentro de los lím Sí/No (marque uno) Si contesto si, por favor identifi manera asistiría:	fique la escuela dentro del distrito a la cual su estudiante de otra
Reside usted dentro de los lím Sí/No (marque uno) Si contesto sí, por favor identifi manera asistiría: Nombre del padre o tutor legai: Domicilio:	ique la escuela dentro del distrito a la cual su estudiante de otra :
Reside usted dentro de los lím Sí/No (marque uno) Si contesto sí, por favor identifi manera asistiría:	ique la escuela dentro del distrito a la cual su estudiante de otra :

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.

Proposition 39 Request: 2019-20 School Year

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!

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Información del Estudiantes:

Estudia	ante 1:
Nombre	Apeliuo, Frimer Nombre, Segundo Nombre
Domicil 200 Calle, C	
	o de Casa: 65077-6-465_Edad del Estudiante:Fecha de Nacimiento:
Resident Si/No (Si cont	iante actual de Bullis Mountain View Charter School SiADo (marque uno) e usted dentro de los limites del Distrito Escolar de Mountain View Whisman School District marque uno) esto sí, por favor Identifique la escuela dentro del distrito a la cual su estudiante de otra asistiría:
Estudi	ante 2:
Nombr	Apellido, Primer Nombre, Segundo Nombre
Domici Calle, C	DE Dema St. Apt. 10 Mountain View @ 94041.
Teléfor	no de Casa: 650) 7764651 Edad del Estudiante: Fecha de Nacimiento:
¿Resid Sí/No Si conf	iante actual de Bullis Mountain View Charter School Si/No (marque uno) e usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District (marque uno) esto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra a asistiría:
Nombr Domic	e del padre o tutor legal: SUSCIVILIE E. HOLN GINCLE) Apellido, Primer Nombre, Segundo Nombre. Ciudad, Estado, Código Postal
	10 de Casa (650)776 4651_ Correo Electrónico: 5.0/4/15015 @ 01/1011.0
indico qui	e tengo una intención seria de inscribir o reinscribir al estudiante mencionado arriba en la Bullis Mountain View Charter Sci

Con mi firma, indico que tengo una interición 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 1 20 5

| IlMPORTANTEII 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

Proposition 39 Request: 2019-20 School Year

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 Builis 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 reenrolling (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!

Name:	Middle	Grade in 201	9-20:
Last, First, i Home Address:	2570 Dell Me State Zip	Manterin V	iew, CA 94043
Home Phone: <u>(05</u> 6	0-224-5417 Age:	Date of Birth:	
Resident of Mounta If ves, please list th	intain View Charter School ain View Whisman School ne school within the Distric	District?(IVN (circle one t your son/daughter wo)
Name:		Grade i	in 2019-20;
	Middle		(//
Home Address:	·		
Street City,	, State Zlp		
Home Phone:	Age: _	Date of Birth:	· · · · · · · · · · · · · · · · · · ·
Resident of Mounts If yes, please list the Parent/Legal Guard		District? Y/N (circle on id otherwise attend:	9)
Parent/Legal Guard	dian Name: Heinvi	h, Rebecca	Guiun
Last, First,	dian Name: Heinrich Middle 2576 Dell A 7, State Zip 50-224-5417 Ema	~ Mankin	Niew, CA 9400
Hollio Madiodo:			
Street City	, State Zip	^	

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:

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

Proposition 39 Request: 2019-20 School Year

Dear current and potential Buills 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 reenrolling (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!

Name:		Grade in 2019-20:
Last First, Middle Home Address: 30 Montelle	Ave #12	Mountain View, CA 94043
Home Phone: 408-499-17	74/ Age: 1	Date of Birth:
Current Bullis Mountain View C Resident of Mountain View While If yes, please list the school with Theue (Kauf Eleve	man School Dist	rict?Y/N(circle one) ur son/daughter would otherwise attend:
Name:Last, First, Middle		Grade in 2019-20:
Last, First, Middle Home Address:		
Street City, State Zip		
Home Phone:	Age:	Date of Birth:
Current Bullis Mountain View C Resident of Mountain View Whi If yes, please list the district so Parent/Legal Guardian informat	sman School Dist hool you would of ion:	rict? Y/N (circle one) herwise attend:
Current Bullis Mountain View C Resident of Mountain View Whi If yes, please list the district so Parent/Legal Guardian Informat	sman School Dist hool you would of ion:	rict? Y/N (circle one) herwise attend:
Current Bullis Mountain View C Resident of Mountain View Whi If yes, please list the district so Parent/Legal Guardian Informat Parent/Legal Guardian Name:	sman School Dist hool you would of ion: ea Midu	rict? Y/N (circle one) herwise attend:

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: Ludua Harre Date: 1/19/US
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

Proposition 39 Request: 2019-20 School Year

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 reenrolling (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!

t Information:	
Name:	Grade In 2019-20:
Last, First, Home Address:	109 Hackett tre#11 Hm. View 94043
Street City	y, State Zip
Home Phone:	50 254 0161 Age: Date of Birth:
Resident of Mount	untain View Charter School student? YN (circle one) stain View Whisman School District? YN (circle one) the school within the District your son/daughter would otherwise attend:
Name: Last, First,	Grade in 2019-20:
	y, State Zip
Home Phone:	Age: Date of Birth:
Resident of Mount	ountain View Charter School student? Y/N (circle one) Intain View Whisman School District? Y/N (circle one) Ithe district school you would otherwise attend:
1 Brenerogui Guai	rdian information:
Parent/Legal Guar	
Parent/Legal Guar	Auchard Givonna
Parent/Legal Guar	ordian Name: Hawm, Autharre Givonha

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 Lamimeaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: \(\frac{\lambda W \lambda \lambda

Proposition 39 Request: 2019-20 School Year

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

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Name:			Grade in f	2019-20:	
Last, Firs	st, 'Middle				
Home Address:	st, 'Middle 202 Mavi itv. State Zip	chello A	We. #14	Mountain	· View, (7
Street Ci	ity, State Zip		•		•
Home Phone:	585-690-8	137 _{Age:}	Date of Bir	th:	-
Resident of Mou	ountain View Charte Intain View Whisman It the school within t ス∪ ∱	n School Distric the District your	t?(Y//N (circle	one)	e attend:
Name [,]			Gra	de in 2019-20:	
Last, Fire	st, Middle				
Home Address:					
Street C	ity, State Zip		<u> </u>		
Home Phone:		Age:	Date of Birt	h:	
	lountain View Chart	ın School Distric	ct? Y/N (circle	one)	
Resident of Mou	t the district school ardian information:	you would othe	erwise attenu:		
Resident of Mou	t the district school ardian Information:	l you would othe			
Resident of Moulf yes, please lis Parent/Legal Gu Parent/Legal Gu Last, Fir	t the district school lardian Information: lardian Name:	ART, LES	su E		
Resident of Mou If yes, please lis Parent/Legal Gu Parent/Legal Gu	t the district school lardian Information: lardian Name:	ART, LES	su E		
Resident of Moulf yes, please lis Parent/Legal Gu Parent/Legal Gu Last, Fir Home Address:	t the district school lardian Information: lardian Name:	ART, LES	sue		

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: 10/9/16
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

Proposition 39 Request: 2019-20 School Year

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. Apellido, Primer Nombre, Segundo Nor	Grado en el año 2019-20:
	+6 Mtn. View, CA 94043
	Edad del Estudiante: Fecha de Nacimiento:
¿Estudiante actual de Bullis Mountain View (¿Reside usted dentro de los límites del Distri SilNo (marque uno)	Charter School Si(No) (marque uno) ito Escolar de Mountain View Whisman School District
Silvo (marque uno) Si contesto sí, por favor identifique la escuel manera asistiría: TVOLVO KOLLE	a dentro del distrito a la cual su estudiante de otra
Estudiante 2:	
Nombre: Apellido, Primer Nombre, Segundo Non Domicilio:	Grado en el año 2019-20:
Calle, Cludad, Estado, Código Postal	
Teléfono de Casa:	Edad del Estudiante: Fecha de Nacimiento:
¿Estudiante actual de Bullis Mountain View (¿Reside usted dentro de los límites del Distr Si/No (marque uno)	Charter School Si/No (marque uno) ito Escolar de Mountain View Whisman School District
	la dentro del distrito a la cual su estudiante de otra
Nombre del padre o tutor legal: Merche	22 Yaneth Guadalupe
Nombre del padre o tutor legal: Mercle Apellido, Pr Domicilio: 2035 Plumouth Calle, Ciudad, Estado, Código Postal	ez Yaneth Guadalu'Pe rimer Nombre, Segundo Nombre Kt. Apt. #6 Mth. View, CA

Con mi firma para el curso 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: \ iilMPORTANTE!! 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

Proposition 39 Request: 2019-20 School Year

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 reenrolling (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!

Name:	Grade in 2019-20:
Last, First	·
rioille Addiess.	159 Dalma Dr. MT View, CA. 44041
Street City	v. State Zip
Home Phone:	02-40358 Age: Date of Birth:
Resident of Moun	ountain View Charter School student? Y/@icircle one) ntain View Whisman School District?(Y)N (circle one) the school within the District your son/daughter would otherwise attend:
Name:	Grade in 2019-20:
Last, First	Grade in 2019-20:st, Middle
Home Address:	
Street Cit	ty, State Zip
	Bases Mark at Middle
Home Phone:	Age: Date of Birth:
	ountain View Charter School student? Y/N (circle one)
	ntain View Whisman School District? Y/N (circle one)
	the district school you would otherwise attend:ardian information:
ratelluregal oud	Man momanon.
Parent/Legal Gua	. 10,114
Last Fire	st, Middle
Home Address:	PT LEG DALMS DV. MT. View PA. 9404
Home Address:	ty, State ZIP Palma Dr. MT. View CA. 940
Home Address:	ty, State Zip 500-4503538 Email: ji day 12345 Dyahoo. 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 apprearingfully interested in enrolling my child(ren) at the Charter School.

Proposition 39 Request: 2019-20 School Year

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 linea 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: Grado en el año 2019-20: Apellido, Primer Nombre, Segundo Nombre
Domicilio: 3/6 FSC, vela Ave #29 Many-fair View 04 94040 Calle, Ciudad, Estado, Código Postal
Teléfono de Casa: 650 518 -11 40 Edad del Estudiante: Fecha de Nacimiento:
¿Estudiante actual de Bullis Mountain View Charter School Sí/No (marque uno) ¿Reside usted dentro de los limites 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: Grado en el año 2019-20: Apellido, Primer Nombre, Segundo Nombre Domicilio:
Calle, Ciudad, Estado, Código Postal
Teléfono de Casa:Edad de! Estudiante:Fecha de Nacimiento:
¿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: Gomez Trmu Apellido, Primer Nombre, Segundo Nombre Domicilio: 3/6 Escado Pare # 29 Moontan View en 94040
Calle, Ciudad, Estado, Código Postal
Teléfono de Casa: 650 519-1140 Correo Electrónico: ((wagomc 200 g mai) co

Con mi firma, indico que tengo una interición sería 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: 5000 5000 Fecha: 8/30/8

[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

Proposition 39 Request: 2019-20 School Year

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

Student Information:

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!

Home F	hone: 6	10-933-665	<u> 7</u> Age:	1	_ Date of Birth:	1	
Current Reside	: Bullis Mo	untain View C Itain View Whi the school wit	harter Schoo sman School	l student	2_Y/N\circle or YN\ (circle on on/daughter wo	ie) e)	attend:
Name:	Last, Firs	t, Middle			Grade	in 201 9 -20:	
Curren	hone: t Bullis Mon	ountain View C	harter Schoolisman School	ol student	Date of Birth: ? Y/N (circle o	ne) e)	
Parent	Legal Gu	ırdian İnforma	tion:		vise aftend:		
Home	Last, Fire Address:	ardian Name: Cheny I le st, Middle Ml OS a	bow				
Home	Street C	ty, State Zip 250 <i>-933-6</i>	60 W En	nail: <u>ch</u>	enylle goeba	10 yaho	o.cm

Signature of Parent/Legal Guardian: 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

answer any questions but may choose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Proposition 39 Request: 2019-20 School Year

Intent to Re/Enroll Form

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: Marca War 2 04 9 40 41
Home Address: Modde ra Way A 9 40 4 Street City, State Zip
Home Phone: 650 -933608 Age: Date of Birth:
Current Bullis Mountain View Charter School student? YIS circle one)
Resident of Mountain View Whisman School District@/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: (505)
Last, First, Middle
Home Address:
Street City, State Zip
Home Phone:Email: jen. Liu @ gruer . Cu
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.
$-i \alpha (2\alpha) i k$
Signature of Parent/Legal Guardian: Date: 7/30/10 Date: 7/30

CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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 Builis 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 devoiver 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:	
Apellido, Primer Nombre, Segundo Nombre Domicilio: 302 FASY 57 #45 MV 94043	
Calle, Ciudad, Estado, Código Postal Teléfono de Casa: 209 855 621 \ Edad del Estudiante: Fecha de Nacimiento	ı
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 Distr ENO (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiria:	icŧ
Estudiante 2:	
Nombre: Grado en el año 2019-20: Apellido, Primer Nombre, Segundo Nombre Domicilio:	
Calle, Ciudad, Estado, Código Postal	
Calle, Gladad, Estado, Codigo i Gotali	
Teléfono de Casa:Edad del Estudiante:Fecha de Nacimient) :
Teléfono de Casa: Edad del Estudiante: Fecha de Nacimient ¿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 Dist 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	
Edad del Estudiante:Fecha de Nacimient ¿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 Dist Sí/No (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría:	

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.

Proposition 39 Request: 2019-20 School Year

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:

Estudiante 1:
Nombre. Grado en el año 2019-20:
Domicilio: 1865 Ednamary way APTE mantifain view CA 94040 Calle, Ciudad, Estado, Cédigo Postal
Teléfono de Casa: 650790-2520 Edad del Estudiante: Fecha de Nacimiento:
¿Estudiante actual de Builis Mountain View Charter School Si/lo (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District (\$i/No (marque uno) \$i contesto si, 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 Domicitio:
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: Hernandez Scritting o Flexandro. Apellido, Primer Nombre, Segundo Nombre Domicilio: 1975 Flyscom of the Application of the Company of the
Domicilio: 1965 Ganavary way apt montain view GY Calle, Ciudad, Estado, Código Postal
Teléfono de Casa: 650 - 290 - 25 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: 6-1-8

[iMPORTANTE!! Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portola Ava. Los

Altos. CA 94022: 650-947-4989

Proposition 39 Request: 2019-20 School Year

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 reenrolling (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!

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Proposition 39 Request: 2019-20 School Year

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: Grado en el año 2019-20:
Adellido, Primer Nombre, Segundo Nombre
Domicilio: 100 1 11 01 11 11 11 11 11 11 11 11 11
Calle, Ciudad, Estado, Código Postal
Teléfono de Casa (650) 47/ 3690 Edad del Estudiante: Fécha de Nacimiento:
¿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
Siño (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:
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 Si/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 asistiria:
0 1/2 / 2
Nombre del padre o tutor legal: / Olific Milliam William William Apellido, Primer Nombre, Segundo Nombre
Domicillo: 1990 Latham State Way Notara (11/14) It 19048
Calle, Ciudad, Estado, Código Postal
Calle, Ciudad, Estado, Código Postal Teléfono de Casa: (5)/650) Correo Electrónico: por la composição de gravila (or 2011) (
Teléfono de Casa: (5/1650) Correo Electrónico: por la granila (a)
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Fecha: 10-16 8

[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

Proposition 39 Request: 2019-20 School Year

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

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Name: Last, First, Middle		Grade in 2019-20:
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Street City, State Z		
Home Phone: 60 60	5-9171 Age:	Date of Birth:
Current Buills Mountain V	lew Charter School stud	dent2_Y//Qcircle one)
Resident of Mountain View	พ Whisman School Dist	rict? Y/N (circle one)
If yes, please list the scho	ol within the District yo	ur son/daughter would otherwise attend
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Name:		Crade in 2040 20
Last, First, Middle		Grade in 2019-20:
Home Address:		
Street City, State Z	Zin	
1	•	
Home Phone:	Age:	Date of Birth:
Current Bullis Mountain V	iew Charter School stu	dent? Y/N (circle one)
Resident of Mountain View	w Whisman School Dist	rict? Y/N (circle one)
If yes, please list the distri	ict school you would ot	herwise attend:
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Parent/Legal Guardian Info		•
	me:	•
	me: Misty, Lynn	
	me:	111 0 0 0 2
	and flew Cto, W	V, 94643
Parent/Legal Guardian Na Last, First, Middle Home Address: 26 USW Street City, State Z	and fren Ct., M	W, 94643
Parent/Legal Guardian Na Last, First, Middle Home Address: 26 Street City, State Z	and fren Ct., M	V, 94643

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.

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Street City	, State Zip	· · · · · · · · · · · · · · · · · · ·	
Home Phone: 65	0-2106804 Ag	e: Date of Birth: _	
Current Buills Mos	untain View Charter Scho	ol student? Y/D/circle one	
Resident of Mount	tain View Whisman Schoo	ol District?�N (circle one)	
If yes, please list t	he school within the Dist	rict your son/daughter wou	d otherwise attend:
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Signature of Rarent/Legal Guardian: _______ Date: 10/21/18 Date: 1

Proposition 39 Request: 2019-20 School Year

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Name:			Grade in 201	9-20:
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Street	City, State Zip			
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Resident of M If yes, please Parent/Legal	Mountain View Cha lountain View Whist list the district scho Guardian Informatio	nan School Dis ool you would o on:	trict? Y/N (circle or therwise attend:	ie)
Parent/Legal	Guardian Name: 🔎	ow, Sta	on Rut	4
Last, Home Addres	Guardian Name: D First, Middle	s above		
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Stree	t City, State Zip			dow@gm

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Street City: State Zig	D AVENUE, OTH	The state of the s
•	•	t.Date of Birth:
Current Bullis Mountain Vie	ew Charter School stu	dent? Y//Øcircle one)
Resident of Mountain View	Whisman School Dis	rict?/Y/N (circle one)
If yes, please list the school	ol within the District yo	our son/daughter would otherwise attend
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Signature of Parent/Legal Guardian: Date: 9/11/20\8
IMPORTANT!! Return by September 28, 20/8 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos.

CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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

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Name: Last, First, Middle		Grade in 2019-20:
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Current Bullis Mountain Vi Resident of Mountain View If yes, please list the distri Parent/Legal Guardian Info Parent/Legal Guardian Nan Elvitology Last, First, Middle Home Address:	iew Charter School stude v Whisman School District school you would other ormation: me: eah, May	ent? Y/N (circle one) ct? Y/N (circle one)

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Signature of Parent/Legal Guardian: Limble Chin 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

Proposition 39 Request: 2019-20 School Year

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:

	·
Nombre: Apellido, Primer Nomi	Grado en el año 2019-20:
Domicilio: 3/6 ESCV (Calle, Ciudad, Estado, Código	ela Ave APT H-14 Mountain view ca 99090
_	7686526 Edad del Estudiante: Fecha de Nacimiento:
Reside usted dentro de los Bi/No (marque uno) Si contesto si, por favor ider	Mountain View Charter School Si/10 (marque uno) Ilímites del Distrito Escolar de Mountain View Whisman School District htifique la escuela dentro del distrito a la cual su estudiante de otra
Estudiante 2:	
Nombre: Apellido, Primer Nom Domicilio:	bre, Segundo Nombre
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Teléfono de Casa: ¿Estudiante actual de Bullis ¿Reside usted dentro de los Sí/No (marque uno)	Edad del Estudiante: Fecha de Nacimiento: Mountain View Charter School Sí/No (marque uno) límites del Distrito Escolar de Mountain View Whisman School District ntifique la escuela dentro del distrito a la cual su estudiante de otra
¿Estudiante actual de Bullis ¿Reside usted dentro de los Si/No (marque uno) Si contesto sí, por favor idei manera asistiría:	Edad del Estudiante:Fecha de Nacimiento: Mountain View Charter School Si/No (marque uno) limites del Distrito Escolar de Mountain View Whisman School District ntifique la escuela dentro del distrito a la cual su estudiante de otra
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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 18

iilMPORTANTE!! 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

Proposition 39 Request: 2019-20 School Year

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Name:	st, Middle		Grade in 2019		-
Home Address:	(SSZ)	2 mar dia	· Mountai	S. Mark	
Street C	ity, State Zip	Digital Ame	· I to converted	~ / IV-500A	
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Resident of Mou	ıntain View Whis t the school with	man School Dist	lent?_YN circle one ict?YN (circle one) ur son/daughter wou –)	ıd:
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Last, Fir Home Address:	st, Middle				
					
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Current Builis N	lountain View C	harter School stu	dent? Y/N (circle on	e)	-
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Proposition 39 Request: 2019-20 School Year

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 reenrolling (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!

Name:		Grade în 2019-20: 🌉 💮 💮
Last, First, Middle		
Home Address:	ETST. MOWA	ntanview, at-
Street City, State	Zip	
Home Phone: 32-3-3	72-0035 Age:_	Date of Birth:
Current Bullis Mountain \ Resident of Mountain Vie If yes, please list the sch	w Whisman School Distr	lent? Y例(circle one) rict?份N (circle one) ur son/daughter would otherwise atten –
Name:		Grade in 2019-20:
)	Grade in 2019-20:
Home Address:	•	
Street City, State	Zip	
Home Phone:	Ace:	Date of Birth:
Current Bullis Mountain Resident of Mountain Vic	View Charter School Stud	dent? Y/N (circle one) rict? Y/N (circle one)
If yes, please list the dist	trict school you would ot	herwise attend:
Parent/Legal Guardian in	nformation:	
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Last, First, Middle	DESAT	CANDARP
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Last, First, Middle	DESAT	
Last, First, Middle Home Address: Street City, State	OESAT &	

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child(ren) in Buills 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:

IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to:

CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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

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Name: Last, First, Middle Home Address: Street City, State Zip Home Phone: Grade In 2019-20: Street City, State Zip Home Phone: Last, First, Middle Resident of Mountain View Whisman School District YN (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: Name: Last, First, Middle Home Address: Street City, State Zip Home Phone: Age: Date of Birth: Current Bullis Mountain View Charter School student? YIN (circle one) Resident of Mountain View Whisman School District? YIN (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: DAH Last, First, Middle Home Address: Parent/Legal Guardian Name: Home Address: Last, First, Middle Home Address: CA 94043 Street City, State Zip Home Phone: Email: A 1 NAM Out FA S A outflook.	fnaciir iii	formation:
Home Address: Street City, State Zip Home Phone: 408 68 5 563 Age: Date of Birth: Current Bullis Mountain View Charter School student? VW (circle one) Resident of Mountain View Whisman School District Tyn (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: Name: Grade in 2019-20: 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 Name: DAAH Parent/Legal Guardian Name: DAAH CMARTTO STATE SCHOOL SCHOOL SCHOOL SCHOOL STATE SCHOOL SC		
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Current Bullis Mountain View Charter School student? Y/W (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:		Home Bhons: 408 685 5631 Age: B Date of Birth:
Resident of Mountain View Whisman School District WN (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: Name: 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:		Home Phone. 10 00 / Age. Date of Differ.
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Home Address: Street City, State Zip Home Phone:		Name: Grade in 2019-20:
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Resident of Mountain View Whisman School District? Y/N (circle one) If yes, please ilst the district school you would otherwise attend: Parent/Legal Guardian Information: Parent/Legal Guardian Name:		Home Phone:Age: Date of Birth:
(MARTINS, VINTH		Resident of Mountain View Whisman School District? Y/N (circle one) If yes, please list the district school you would otherwise attend:
Home Address: ROCK of MOUNTAW VIEW CA 94043 Street City, State Zip Home Phone: <u>Street</u> Email: <u>dinah(ourtais(a) outlook</u> .	·	COURTINS. VINTH
Home Phone: GAME Email: dinah courtais a outlook.		Home Address: ROCK ST. MOUNTAIN VIEW, CA 94043
Home Phone:Email:Email:		Street City, State Zip dinabrounto ca authorit.
		Home Phone:Email:Email:Email: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:
Proposition 39 Request: 2019-20 School Year

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 reenrolling (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!

Name: _	Last, First, Middle		Grade in 2019-20:
Home A	ddress:		
213	Palmita Pl. Mour	tan view	. ca 94041
	Street City, State Zip		
Home P	hone: <u>650-919-3420</u>	Age:	Date of Birth:
Current	Bullis Mountain View Charter	School studen	t?_Y/N/circle one)
Resider	t of Mountain View Whisman	School District	?(∑/N (circle one)
If yes, p	lease list the school within th	e District your	son/daughter would otherwise attend:
	andels		
Name:			Grade in 2019-20:
	Last, First, Middle		
Home A	ddress:		
-	Street City, State Zip	<u></u>	
Home F	hone:	Age:	_ Date of Birth:
Current	Bullis Mountain View Charter	r School studer	nt? Y/N (circle one)
Reside	nt of Mountain View Whisman	School District	rvise attend:
it yes, i	llease list the district school y Legal Guardian Information:	you would outle	iwise attenu.
Parent/	andan annument management		
Parent/			
Parent/	Legal Guardian Name:		
Parent/	Chung, Di-Yan		
Parent/	Chung Oi-Yan Last, First, Middle	<u>.</u>	
Parent	Chung Oi Han Last, First, Middle	ran Well	CA QUAUI
Parent/	Chung Di-Yan Last, First, Middle Address: 3 Palmita Pl. Moud	tan vew,	CA 94041
Home A	Chung Di-Yan Last, First, Middle Address: 3 Palmita Pl. Mond Street City, State Zip		CA 94041 liyandung @gma:1.com

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Proposition 39 Request: 2019-20 School Year

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Name:	Grade in	2019-20:
Zast, First, Mide	dle	
Home Address: 1045 Willia	ms Way Apt 4, Mountain Vie	W, CA 94040
Street City, Sta	ite Zip 🧸 🧳	
Home Phone:	Age: Date of BI	th:
Current Bullis Mountai	in View Charter School student?_Yi\(\)circle	one)
Resident of Mountain	View Whisman School District?《N (circle	one)
	chool within the District your son/daughter	would otherwise attend:
		•
Name:	dleGra	de in 2019-20:
Last, First, Mid	dle ·	
Home Address:		
Street City, Sta	ate Zip	· · · · · · · · · · · · · · · · · · ·
Home Phone:	Age: Date of Bir	h:
Current Bullin Maunta	in View Charter School student? Y/N (circl	e one)
	View Whisman School District? Y/N (circle	one)
Resident of Mountain	listrict school you would otherwise attend:	<u> </u>
Resident of Mountain If yes, please list the d	tion for solloof Jon Month Aniel Mise affeling	
Resident of Mountain If yes, please list the d	n Information:	
Resident of Mountain If yes, please list the d Parent/Legal Guardian	n Information:	
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Resident of Mountain If yes, please list the d Parent/Legal Guardiar Parent/Legal Guardiar	n Information: n Name: Liu, Qian	
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Signature of Parent/Legal Guardian:

IMPORTANT!! Return by September 28, 2018 in person, by mall, or by fax to: 102 W. Portola Ave. Los Altos.

CA 94022: 650-947-4989

Proposition 39 Request: 2019-20 School Year

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

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Name:		Grade in 2019-20:	
Middle Loot First Midd	ile		
Home Address:	1 A	of Montan vie	U CA
280 Orchar	to 7 in	7 100 700 700	\mathbf{x}_{i}
Suger City, Stat	, c2 l		R
Home Phone: 415-	706_23-3 Age:	Date of Birth:	
Resident of Mountain V If yes, please list the so	n View Charter School stud View Whisman School District you Chool within the District you	rict?Y/N (circle one) ur son/daughter would otherwise attend	Ŀ
Namas		Grade in 2019-20:	
Name:Last, First, Midd	dle		
Home Address:			
Street City, Sta	te Zip	·····	
Home Phone:	Age:	Date of Birth:	
Resident of Mountain	in View Charter School stud View Whisman School Dist listrict school you would ot a Information:	dent? Y/N (circle one) trict? Y/N (circle one) therwise attend:	_
Parent/Legal Guardian			
Parent/Legal Guardian Parent/Legal Guardian	Esterbroo	ike Anthony	
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Parent/Legal Guardian Parent/Legal Guardian	Esterbroo	tourtatoner agmais	- <u>~</u> , €A

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Signature of Parent/Legal Guardian: Date: 09/09/)

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

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

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 reenrolling (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!

Name:	Grade in 2019-20:
Last, First, Middle	
Home Address: ALVIN CT	T. Mountain View, CA 94043
Home Phone: <u>408 480/</u>	1938 Age: Date of Birth:
Resident of Mountain View W	v Charter School student? Yt�(circle one) Vhisman School District? YN (circle one) within the District your son/daughter would otherwise attend
Name:	Grade in 2019-20:
Last, First, Middle Home Address:	Grade In 2019-20:
Street City, State Zip	
Home Phone:	Age: Date of Birth:
Resident of Mountain View V	
Resident of Mountain View V If yes, please list the district Parent/Legal Guardian Inform Parent/Legal Guardian Name Last, First, Middle	Whisman School District? Y/N (circle one) school you would otherwise attend: mation: e: CHU SING YUN
Resident of Mountain View V If yes, please list the district Parent/Legal Guardian Inform Parent/Legal Guardian Name Last, First, Middle	Whisman School District? Y/N (circle one) school you would otherwise attend: mation: e: CHU SING YUN Movetain View, CA 94043

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 of Parent/Legal Guardian: Signature of Parent/Legal Guardian: Date: 96/0/8

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

Proposition 39 Request: 2019-20 School Year

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

(** 33

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Name:	Grade in 2019-20:
Last, First, Middle	ile Cida III a cida II
	Woodhaven place Mtn View 94041
Street City, State	e Zip
Home Phone: 503-6	679-3784 Age: Date of Birth:
Current Bullis Mountain Resident of Mountain Vi If yes, please list the sci	n View Charter School student? Y/S (circle one) View Whisman School District (V)N (circle one) chool within the District your son/daughter would otherwise attend:
Name:	Grade in 2019-20:
Last, First, Midd Home Address:	die
Street City, State	ite Zip
Home Phone:	Age: Date of Birth:
Resident of Mountain V	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one) listrict school you would otherwise attend: Information:
Parent/Legal Guardian	Name: CHARY, AARTH
Last, First, Midd	ddle
Home Address:	me 1785 woodhaven place 17071
Home Address:	ane 1785 woodhoven Place 94041
Home Address:	ate Zip Email: aarthi and paul @ gmail, ca

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Signature of Parent/Legal Guardian:

Date: 9/8//8

Signature of Parent/Legal Guardian: Date: 1/8//8

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CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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	n:				
Name: _				Grad	de in 2019-20:
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TOING A	,uruss. 9	33 BAK	BARA	4146	MOSUNIO 010 0
	Street City, S	itate Zip	44		9
Home P	10ne: <u>46°</u>	<u>9 9505 90</u>)90 Age: 🐴	Date	MAOUNTAIN VIEW OF Birth:
Resider	t of Mountain lease list the	tain View Char n View Whisma school within	an School Dis the District y	itrict?(Y/N (d	circle one) circle one) ghter would otherwise attend:
Name: _	Last, First, M	fiddle	Jan		_ Grade in 2019-20:
 	Street City, S	State Zip			, , , , , , , , , , , , , , , , , , , ,
Home P	-	•	Age:	Date o	of Birth:
Resider	t of Mountai lease list the	tain View Char in View Whisma district schoo an Information	an School Dis ol you would d	strict? Y/N (circle one)
	egal Guardi	an Name: JA	AJAJA	0001,	PUNEET
Parent/			<u> </u>	<u> </u>	
	Look Cleak N	Middle する3 らぬの			
	Look Cleak N	/ilddle セ多3 ら本の State Zip			mountain view CA: Comet@gmail-co

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CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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: Grado en el año 2019-20: Apelildo-Primer Nombre, Segundo Nombre
Domicilio: 655 Moorpark way # 1 Mountain view ca. 94041 Calle, Ciudad, Estado, Código Postal
Teléfono de Casa: (650) 675-817-8 Edad del Estudiante: Fecha de Nacimiento:
¿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: 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: Chaves Maribel Apellido, Primer Nombre, Segundo Nombre Domicilio: 655 Mours and way of 1, Plantin, View CA 94041 Calle, Ciudad, Estado, Código Postal Teléfono de Casa: 650-625 8172 Correo Electrónico: juan. c 75@hotmail.com
Teléfono de Casa: 650-625 8172 Correo Electrónico: juan. c75@hotmail.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 formularlo 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,

Proposition 39 Request: 2019-20 School Year

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!

Name:	Grade in 2019-20:
Last, First, wildow Home Address:	
Street City, State	Zip
Home Phone:	Age: Date of Birth:
Resident of Mountain Vic	View Charter School student? Y/B/Circle one) ew Whisman School District? WN (circle one) tool within the District your son/daughter would otherwise attend:
Name:	Grade in 2019-20:
Last, First, Middle Home Address:	8
Street City, State	Zip
Home Phone:	Age: Date of Birth:
Current Bullis Mountain	View Charter School student? Y/N (circle one) iew Whisman School District? Y/N (circle one)
Resident of Mountain Vi If yes, please list the dis Parent/Legal Guardian I	strict school you would otherwise attend:nformation:
Resident of Mountain Vill yes, please list the dis Parent/Legal Guardian I Parent/Legal Guardian	strict school you would otherwise attend: nformation: Vame: PALAL TASNEEM
Resident of Mountain Vilf yes, please list the dis Parent/Legal Guardian I. Parent/Legal Guardian Last, First, Midd	Name: PALAL TASINEEM
Resident of Mountain Vill yes, please list the dis Parent/Legal Guardian I Parent/Legal Guardian Last, First, Midd Home Address: Street City, State	Name: PALAL TASINEEM LE LE LE LE LE LE LE LE LE

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\10\8
IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Aye, Los Altos.

CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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!

Name:			Grade in 2019-2): ()	
Last Firs	st, Middle				
Home Address	I ton Are,	mV, qy) 43		
Street Ci	ity, State Zip				_
	•	37 5 2 Age:	Date of Birth:		L
Resident of Mou	ıntain View Whisn	nan School Dist	ient? (Circle one)		
If yes, please list	t the school withi	n the District yo	ur son/daughter would	otherwise attend	:
monta Lon			_		
Name: N			Grade in 2	019-20:	
	St, Wildele				
Home Address:			•		
	City. State Zip				
Street C	,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	_	Age:	Date of Birth:		
	_	Age:	Date of Birth:		
Home Phone:	Aountain View Ch	arter School stu	dent? Y/N (circle one)		
Home Phone: Current Bullis M Resident of Mou	Mountain View Ch	arter School stu man School Dist	dent? Y/N (circle one) rict? Y/N (circle one)	•	
Home Phone: Current Bullis M Resident of Mou	Mountain View Ch untain View Whis of the district sch	arter School stu man School Dist ool you would o	dent? Y/N (circle one)	•	_
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Home Phone: Current Bullis M Resident of Mou If yes, please lis Parent/Legal Gu	Mountain View Ch untain View Whis st the district sch uardian Informatio uardian Name:	arter School stu man School Dist ool you would o on:	dent? Y/N (circle one) rict? Y/N (circle one) herwise attend:	•	-
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Signature of Parent/Legal Guardian:	1mitz	100	Date:	
IMPORTANT!! Return by September 28,	2018 in person,	by mail, or by fax to	: 102 W. Portola Ave.	Los Altos.
•	CA 94022: 65			

Proposition 39 Request: 2019-20 School Year

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

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formation:	
Name:	Grade in 2019-20:
i get Fire	at Middle
Home Address:	840 Alice Ave #17 Mountain view 94041(c
	840 Alice Ave #17 Mountain view 94041(C.
Home Phone:	50 4220200 Age: Date of Birth:
Resident of Mountifyes, please list	ountain View Charter School student? (I) (Circle one) ntain View Whisman School District? (I) (Circle one) the school within the District your son/daughter would otherwise attend:
Janaeus	& elementary school Mountain View
Name:	Grade in 2019-20:
Home Address:	st, Middle
340	Alice Ave #17 Mountain View 94041 (CA)
Street Ci	ity, State Zip
Home Phone:	650422020DAge: Date of Birth
Current Bullis Me	ountain View Charter School student? (Y)N (circle one)
Resident of Mou	intain View Whisman School District? WiN (circle one) It the district school you would otherwise attend: <u>landels elemented</u> ardian information: School Mountain vie
if yes, piease list Parent/Legal Gui	r the district school you would otherwise attend: 7 an act of members and arrived the members of
i miorianagai war	chool Mountain vie
Parent/Legal Gua	ardian Name: Aur Josvik
Lest Fire	st, Middle
Home Address:	840 Alice Avett 17 Mountain View 9400
Street Ci	·y) =
Home Phone: A	(6422020) Email: Kow 85 jalvix Q 42hoo. dom

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 confact 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: Jakur Ceur Date: 10/2/2/19
IMPORTANT!! Return by October 26, 2018 in person, by mail, or by fax to: 102 W. Portole Ave. Los Altos. CA
94022: 650-947-4989

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

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!

Name:	ade in 2019-20:
Last, First, Middle Home Address:	
128	Nright Ave, #604, Mtn View, CA 9404
Street City, State 2	Zip v
Home Phone: ((650) 7	99-2458 Age Date of Birth:
Current Bullis Mountain Views, please list the school Thouaskant	/lew Charter School student? Y/S/circle one) w Whisman School District? Y/N (circle one) old within the District your son/daughter would otherwise attend:
- never kaint L	1ewantary
Name:	Grade in 2019-20:
Last, First, Middle	
Home Address:	
Street City, State	Zip
,	Age: Date of Birth:
Home Phone: Current Bullis Mountain \ Resident of Mountain Vie	View Charter School student? Y/N (circle one) w Whisman School District? Y/N (circle one) trict school you would otherwise attend:
Home Phone: Current Bullis Mountain \(\) Resident of Mountain Vie If yes, please list the dist Parent/Legal Guardian \(\) Parent/Legal Guardian \(\)	View Charter School student? Y/N (circle one) www.wisman School District? Y/N (circle one) wrict school you would otherwise attend: formation:
Home Phone: Current Bullis Mountain \(\) Resident of Mountain Vie If yes, please list the dist Parent/Legal Guardian \(\)	View Charter School student? Y/N (circle one) www.wisman School District? Y/N (circle one) wrict school you would otherwise attend: formation:
Home Phone: Current Bullis Mountain \(\) Resident of Mountain Vie If yes, please list the dist Parent/Legal Guardian \(\)	View Charter School student? Y/N (circle one) www.wisman School District? Y/N (circle one) trict school you would otherwise attend: formation:
Current Bullis Mountain \ Resident of Mountain \(\) If yes, please list the dist Parent/Legal Guardian \(\) Parent/Legal Guardian \(\) Last, First, Middle Home Address:	View Charter School student? Y/N (circle one) www.www.www.circle one) wrict school you would otherwise attend:

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Signature of Parent/Legal Guardian: The Month of Parent/Legal Guardian: Date: | Date:

Proposition 39 Request: 2019-20 School Year

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!

Names 4				ade in 2019-	20:
2.44.1	Last, First, Middle				
Home A	ddress:		a) «A		Shows
<u>2175</u>	ierra VISte	t Ave H	(2+ W)	MV CA	-14-07-2
	Street City, State Zip				84-88
Home P	hone: <u>(650 2</u> -	709431Ago		ate of Birth: 🔟	
Residen	Bullis Mountain Vie t of Mountain View \ lease list the school	Whisman School	District?(Y)	l (circle one)	
Mamay				Grade in	2019-20:
Name: _	Last, First, Middle			Orace III.	
Home A	ddress:				
	Street City, State Zip	P			
Home P	hone:	Age:	Da	te of Birth:	
1	Bullis Mountain Vie	Whisman Schoo	l District? Y/	N (circie one)	
Resider	nt of Mountain View Jease list the distric Legal Guardian Info	t school you wo	uld otherwise	e attend:	
Resider If yes, p Parent/	lease list the distric Legal Guardian Info Legal Guardian Nam	t school you wor rmation:	ald otherwise	e attend:	
Resider If yes, p Parent/	Ilease list the district Legal Guardian Info Legal Guardian Nam Last, First, Middle	et school you wor rmation: 100 I Re	uld otherwise	e attend:	
Resider If yes, p Parent/	Ilease list the district Legal Guardian Info Legal Guardian Nam Last, First, Middle	et school you wor rmation: 100 I Re	uld otherwise	e attend:	
Resider If yes, parent/	Legal Guardian Nam Legal Guardian Nam Last, First, Middle Address: Street City, State Zi	t school you wold mation: 100 1/a Be 3 La Ave	Apt m	e attend:	A 94043
Resider If yes, parent/	Ilease list the district Legal Guardian Info Legal Guardian Nam Last, First, Middle	t school you wold mation: 100 1/a Be 3 La Ave	Apt m	e attend:	A 94043

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Signature of Parent/Legal Guardian: Date: 917 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

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

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

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 reenrolling (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!

information:		
Name: Last, First, Middle	*	Grade in 2019-20:
Home Address:		
Home Address: Street City, State Zip	AVE, MTV	, CA 94040
Street City, State Zip		
Home Phone: 813407	1047_Age:	Date of Birth
Current Bullis Mountain View Resident of Mountain View Wife yes, please list the school of MONTA LOMP.	/hisman School Distr within the District you	ict? Y/N (circle one) ur 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 Resident of Mountain View V If yes, please list the district Parent/Legal Guardian Information Parent/Legal Guardian Name	Vhisman School Dist school you would ot mation:	dent? Y/N (circle one) rict? Y/N (circle one) herwise attend:
Last, First, Middle		
Home Address:		
Street City, State Zip		
Street City, State Zip		

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: 0 / 1 > / 1 > / 1 > 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

Proposition 39 Request: 2019-20 School Year

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

Student

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!

vame:		Grade in 2019-20:
Last, First, Middle		Mountain View CA 9404
Street City, State Zi	ip	
Home Phone: <u>ものとしょ</u>	1-(349 Age:	ate of Birth:
Current Bullis Mountain Vi Resident of Mountain View If yes, please list the school	v Whisman School District	nt? Y/B/(circle one) ?M/N (circle one) son/daughter would otherwise attend:
A		
Name:		Grade in 2019-20:
Last, First, Middle		Grade in 2019-20:
Last, First, Middle		Grade in 2019-20:
Last, First, Middle		Grade in 2019-20:
Home Address: Street City, State Z	(ip	Grade in 2019-20:
Last, First, Middle Home Address: Street City, State Z Home Phone: Current Bullis Mountain V Resident of Mountain View	ZipAge: Ziew Charter School studer w Whisman School District ict school you would other	Date of Birth:
Last, First, Middle Home Address: Street City, State Z Home Phone: Current Bullis Mountain V Resident of Mountain Vley If yes, please list the distri	Zip Age: Yew Charter School studer W Whisman School District ict school you would other formation:	Date of Birth: nt? Y/N (circle one) t? Y/N (circle one) rwise attend:
Last, First, Middle Home Address: Street City, State Z Home Phone: Current Bullis Mountain V Resident of Mountain Vlev If yes, please list the distri Parent/Legal Guardian Info	Age: Age: Lew Charter School studer w Whisman School District ict school you would other formation:	Date of Birth: nt? Y/N (circle one) t? Y/N (circle one) rwise attend:
Last, First, Middle Home Address: Street City, State Z Home Phone: Current Bullis Mountain V Resident of Mountain View If yes, please list the distri Parent/Legal Guardian Info Parent/Legal Guardian Na Last, First, Middle Home Address:	Age: Age: Lew Charter School studer w Whisman School District ict school you would other formation: Age: Lactorian	Date of Birth: nt? Y/N (circle one) t? Y/N (circle one) rwise attend:

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Proposition 39 Request: 2019-20 School Year

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: Grado en el año 2019
Apellido, Primer Nombre, Segundo Nombre
Domicilio: 1895 Folymone Was got A Marintain View CAGUOM
Apellido, Primer Nombre, Segundo Nombre Domicilio: 1895 Ednamay Way apt A Mountain View (1940) Calle, Ciudad, Estado, Código Postal
Calle, Ciudad, Estado, Código Postal Teléfono de Casa: (650) 669 05 65 Edad del Estudiante: echa de Nacimiento:
Jejejono da Casa: (a 30) 8 69 (2) (a) Edad del Estudiante.
The State of the Public Manuscrip View Charter Colonel S(Mo)/marrus (100)
¿Estudiante actual de Bullis Mountain View Charter School Si/(10) (marque uno) ¿Reside usted dentro de los limites del Distrito Escolar de Mountain View Whisman School District
EVNIa (margus upo)
Si contesto sí, por fayor identificas la consola dentre del distribution del su estudiante de otra manera asistiria:
Estudiante 2:
Nombre: Grado en el año 2019-20:
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:
Telefolio de Oasa.
¿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
Sí/No (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra
manera asistiria:
Nombre del padre o tutor legal: Eviberto Lacarez
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.

Proposition 39 Request: 2019-20 School Year

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

12 May 140

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!

Name:	Grade in 2019-20:
Last, First, Midd Home Address:	
487 M	lariposa Are Maintain View CA 94041
Street City, Stat	te Zip
Home Phone: 41.57	5157840 Age: Date of Birth:
Resident of Mountain V	⊓ View Charter School student? Y/IS/(circle one) /Iew Whisman School District?(S/N (circle one) chool within the District your son/daughter would otherwise attend:
11 yes, productive and the	
Name:	Grade in 2019-20:
Name: Last, First, Midd	dle
Home Address:	
Street City, Sta	ate Zip
•	•
Wame Bhares	Age: Date of Birth:
	Age: Date of Birth:
Current Bullis Mountai	in View Charter School student? Y/N (circle one)
Current Bullis Mountain Nesident of Mountain	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one)
Current Bullis Mountain Nesident of Mountain	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one) listrict school you would otherwise attend:
Current Bullis Mountal Resident of Mountain V If yes, please list the d Parent/Legal Guardian	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one) listrict school you would otherwise attend: Information:
Current Bullis Mountain Resident of Mountain If yes, please list the d Parent/Legal Guardian Parent/Legal Guardian	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one) listrict school you would otherwise attend: Information:
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Current Bullis Mountain Resident of Mountain If yes, please list the d Parent/Legal Guardian Parent/Legal Guardian	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one) listrict school you would otherwise attend: Information:

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Signature of Parent/Legal Guardian:

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

Proposition 39 Request: 2019-20 School Year

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Name:		Grade in 2019-20:
Langer Hear	Middle	
		Mountain View, CA 94043
Street City	/, State Zip	
Home Phone:	<u>,50 706 3i03_Age</u> :	: Date of Birth:
Resident of Mount	tain View Whisman School the school within the Distri	ol student? Y/B/circle one) l District?(Y/N (circle one) ict your son/daughter would otherwise atten
Name:		Grade in 2019-20:
Last, First	, Middle	Grade in 2019-20:
Home Address:	•	
Street City	y, State Zip	
	•	
	Age:	Date of Birth:
Home Phone:		
Current Bullis Mo Resident of Moun if yes, please list	ntain View Whisman Schoo	ol student? Y/N (circle one) ol District? Y/N (circle one) old otherwise attend:
Current Bullis Mo Resident of Moun if yes, please list: Parent/Legal Gua Parent/Legal Gua	ntain View Whisman Schoo the district school you wou ordian Information: ordian Name:	ol District? Y/N (circle one)
Current Bullis Mo Resident of Moun if yes, please list: Parent/Legal Gua Parent/Legal Gua Last. Firsi	ntain View Whisman Schoo the district school you wou ordian Information: ordian Name:	ol District? Y/N (circle one) uld otherwise attend:
Current Bullis Mo Resident of Moun if yes, please list: Parent/Legal Gua Parent/Legal Gua Last. Firsi	ntain View Whisman Schoo the district school you wou ordian Information: ordian Name:	ol District? Y/N (circle one) uld otherwise attend:
Current Bullis Mo Resident of Moun if yes, please list: Parent/Legal Gua Parent/Legal Gua Last. Firsi	ntain View Whisman Schoo the district school you wou ordian Information: ordian Name:	ol District? Y/N (circle one)

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.

Proposition 39 Request: 2019-20 School Year

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!

Name:	rst, Middle		Grade in 2019-20	
Home Address:	Azalea Dr	rive Mour	tain View C/	7 94041
Street C	650 - 4 10 - 46 9			
Resident of Mou	Mountain View Chart untain View Whisma st the school within t	n School District the District your	?(Y/N: {circle one}	otherwise attend:
Name:			_ Grade in 2	019-20:
Last, Fi	irst, Middle			
Street 0	City, State Zip			
Home Phone: _		Age:	_ Date of Birth:	
		tan Oakaal akuda	40 VIN (atrala ana)	
if yes, please li Parent/Legal G	ountain View Whisma ist the district school ouardian Information:	an School Distric I you would othe :	t? Y/N(circle one)	
Resident of Mo If yes, please li Parent/Legal G	ountain View Whisma ist the district school ouardian Information:	an School Distric I you would othe :	t? Y/N(circle one)	
Resident of Mo If yes, please li Parent/Legal G Parent/Legal G	ountain View Whisma st the district school luardian Information: luardian Name:	an School Districtly you would other than the second secon	i? Y/N (circle one) rwise attend:	
Resident of Mo If yes, please li Parent/Legal G Parent/Legal G	ountain View Whisma ist the district school uardian Information: uardian Name:	an School Districtly you would other than the second secon	i? Y/N (circle one) rwise attend:	

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Proposition 39 Request: 2019-20 School Year

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 reenrolling (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!

Name:	Grade in 2019-20:
Last, First, Midd	ile
lome Address: 843	E DANG SI, MOUNTAIN VIEW
Street City, State	<u> </u>
iome Phone: 650 22	23 944 Age. Date of Birth:
Resident of Mountain V	n View Charter School student? Y/N (circle one) /iew Whisman School District Y/N (circle one) chool within the District your son/daughter would otherwise attend:
Name'	Grade in 2019-20:
Last, First, Midd	die
Home Address:	
Street City, State	te Zip
•	
Home Phone:	Age: Date of Birth:
Resident of Mountain V If yes, please list the dis Parent/Legal Guardian	
	Name: CEE JEFF
Parent/Legal Guardian	
Parent/Legal Guardian Last, First, Midd Home Address:	die As Asove
Olicel Oily, Olai	Name: CEE, JEFF dle 13 ASOVE ate Zip 223 8441 Email: Jeechankan @ 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 any meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian:

IMPORTANTII Return by September 28, 2018)n person, by mail, or by fax to: 102 W. Portola Ave, Los Altos.

EA 94022: 650-947-4989

Proposition 39 Request: 2019-20 School Year

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 reenrolling (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!

Name: Last, First, Middle Home Address:	<u> </u>	Grade in 2019-20:
Last, First, Middle		
Home Address: 235 Fair Oaks A	Lia Aort B	·
Street City, State Zip	THE ATTE	
Home Phone: <u>6174596</u>	931 Age.	Date of Birth:
Current Bullis Mountain View Resident of Mountain View V If yes, please list the school	Vhisman School Dist within the District yo	irict?(Y/N (circle one) our son/daughter would otherwise attend
Nama		Grade in 2019-20:
Last, First, Middle		Grade in 2019-20:
Home Address:		
Street City, State Zip		
Home Phone:	Age:	Date of Birth:
Current Bullis Mountain View Resident of Mountain View \ If yes, please list the district Parent/Legal Guardian Inform	w Charter School sto Whisman School Dis t school you would c mation:	udent? Y/N (circle one)
Current Bullis Mountain View Resident of Mountain View Views, please list the district	w Charter School sto Whisman School Dis t school you would c mation:	udent? Y/N (circle one) trict? Y/N (circle one)
Current Bullis Mountain View Resident of Mountain View \ If yes, please list the district Parent/Legal Guardian Inform	w Charter School sto Whisman School Dis t school you would c mation:	udent? Y/N (circle one) trict? Y/N (circle one)
Current Bullis Mountain View Resident of Mountain View View View Resident of Mountain View View Resident Guardian Information Resident Res	w Charter School ste Whisman School Dis t school you would c mation:	udent? Y/N (circle one) trict? Y/N (circle one)

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

Proposition 39 Request: 2019-20 School Year

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!

Name:			Grade in 2019-20:
	irst, Micule	1	
Home Address:	604 Savan	neh la	OP
Street	City, State Zip		
Home Phone: _	(401)637073	∠Age:	Date of Birth:
Current Bullis I	Mountain View Charter S	School stude	nt?_Y/ & (circle one)
Resident of Mo	ountain View Whisman S	chool Distric	t?(TyN (circle one)
ir yes, piease ii	A S (3 Pma	utence your	son/daughter would otherwise attend
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Name		•	Grade in 2019-20:
Name:	irst, Middle	<del> </del>	GIAGO III EV 13-EV
Home Address			
Street	City, State Zip		
Home Phone:		_Age:	Date of Birth:
•			
Current Bullis Resident of Mo If yes, please i	Mountain View Charter ountain View Whisman S list the district school yo Guardian Information:	School Distric	nt? Y/N (circle one) st? Y/N (circle one) erwise attend:
Current Bullis Resident of Mo If yes, please i Parent/Legal G	ountain View Whisman S list the district school yo Buardian Information: Buardian Name:	School Distric	xt? Y/N (circle one)
Current Bullis Resident of Mo If yes, please if Parent/Legal G Parent/Legal G	ountain View Whisman S list the district school yo Guardian Information: Guardian Name:	School Distric	et? Y/N (circle one)
Current Bullis Resident of Mo If yes, please if Parent/Legal G Parent/Legal G Last, F Home Address	ountain View Whisman S list the district school you Guardian Information: Guardian Name: Deff First, Middle	School Distriction would other	ext? Y/N (circle one) erwise attend:
Current Bullis Resident of Mo If yes, please if Parent/Legal G Parent/Legal G Last, F Home Address	ountain View Whisman S list the district school you Guardian Information: Guardian Name: Deff First, Middle	School Distriction would other	xt? Y/N (circle one)

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 interpoling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian:

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

Proposition 39 Request: 2019-20 School Year

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 reanrolling (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!

Name:	Grade in 2019-20:
Last, First, Middle	
Home Address: 37 Saw Mill Ln.	Mountain View CA
Home Phone: 312-927-1433 Age:	Date of Birth:
Current Bullis Mountain View Charter School Resident of Mountain View Whisman School I If yes, please list the school within the District Cherical	District?(Y/N {circle one) rt your son/daughter would otherwise attend:
Name:	Grade in 2019-20:
Last, First, Middle	
Home Address:	
Street City, State Zip	
Street City, State Zip	•
Home Phone:Age: _	Date of Birth:
Current Bullis Mountain View Charter School Resident of Mountain View Whisman School If yes, please list the district school you woul Parent/Legal Guardian Information:	District? Y/N (circle one) Id otherwise attend:
Parent/Legal Guardian Name: 1, /(	nayi
Last, First, Middle	
Street City, State Zip  Home Phone: \$12-927-1433 Ema	ill Ln. Mountain View Ci
Street City, State Zip	_
N/N 17 14 3 2	LIVANUE BORNTLA

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 qonfigm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian:

IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to:

CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

# 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 Octobre 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: Grado en el año 2019-20: Apellido, Primer Nombre, Segundo Nombre
Domicilio: 2040 (ali Fornia st apt #12 Mountain View CA. 94040  Calle, Ciudad, Estado, Código Postal
Teléfologie, Cludad, Estado, Codigo Postal  Teléfologie (650)- 630 6585 Edad del Estudiante: Fecha de Nacimiento:
¿Estudiante actual de Bullis Mountain View Charter School Sí/ጭ (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Sí/No (marque uno)
Silvo (marque uno) Si contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: <u>Colytic di Mistral</u>
Estudiante 2:
Nombre: Grado en el año 2019-20: Apellido, Primer Nombre, Segundo Nombre
Apelido, Primer Nombre, Seguido Nombre  Domicilio:
Calle, Ciudad, Estado,Código Postal
Teléfono de Casa:Edad del Estudiante: Fecha de Nacimiento:
¿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 si, 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:
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.

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

# Builis 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 Apellido, Primer Nombre, Segundo Nombre
Domicilio: 316 Escreto Ove H30 Mountain View CA 94040 Calle, Ciudad, Estado, Código Postal
Teléfone de la Company de la C
¿Estudiante actual de Bullis Mountain View Charter School Sinto (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District (Sino (marque uno)
Si contesto si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiria:
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 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: Apellido, Primer Nombre, Segundo Nombre
Domicilio: 316 Excue ci ave # 80 Mtv CA 94040  Calle, Ciudad, Estado, Código Postal
Teléfono de Casa: 650 46105 38 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: 
Proposition 39 Request: 2019-20 School Year

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!

Name:		Grade in 2019-20:
Last, First, Middle	<u> </u>	
Home Address: 660	Willowarte	St, Hountain View CA
Street City, State 2	Zip	
Home Phone: 650-53	30 -02 09 Age:	Date of Birth:
Current Buills Mountain V Resident of Mountain Vier If yes, please list the scho	w Whisman School Dit	strict?\Y/N  (circle one) /our son/daughter would otherwise attend:
Name:		Grade in 2019-20:
Last, First, Middle		Grade in 2019-20:
Home Address:		
Street City, State	Zip	
Home Phone:	Age:	Date of Birth:
Current Bullis Mountain Nesident of Mountain Vielle of Mountain Vielle of Yes, please list the dist Parent/Legal Guardian In Parent/Legal Guardian N	w Whisman School Di rict school you would formation: ame: h /// KSUML	tudent? Y/N (circle one) strict? Y/N (circle one) otherwise attend:
Current Bullis Mountain Versident of Mountain Versident of Mountain Versident State of State	w Whisman School Di rict school you would formation: ame: h /// KSUML	strict? Y/N (circle one) otherwise attend:
Current Bullis Mountain Nesident of Mountain Viell fyes, please list the dist Parent/Legal Guardian in Parent/Legal Guardian Nest Cast, First, Middle Home Address:	www.www.www.ww.ww.ww.ww.ww.ww.ww.ww.ww.	strict? Y/N (circle one) otherwise attend:

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.

Proposition 39 Request: 2019-20 School Year

# 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:

2235 California at # 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 Si/No) (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno) Sì contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiria:  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 Si/No (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno) Sì contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría:  Nombre dei padre o tutor legal: Elvina Hennande Z.  Apellido, Primer Nombre, Segundo Nombre  Domicilio: 2235 California St # 192 Mountain View CA 94040  Calle, Ciudad, Estado, Código Postal	⇟	Nombre: Grado en el año 2019-20:  Apellido, Primer Nombre, Segundo Nombre
2235 California at # 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 Si/No) (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno) Sì contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiria:  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 Si/No (marque uno) ¿Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno) Sì contesto sí, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría:  Nombre dei padre o tutor legal: Elvina Hennande Z.  Apellido, Primer Nombre, Segundo Nombre  Domicilio: 2235 California St # 192 Mountain View CA 94040  Calle, Ciudad, Estado, Código Postal	l	Apellido, Primer Nombre, Segundo Nombre
Calle, Ciudad, Estado, Código Postal  Teléfono de Casa: 498 786-7260 Edad del Estudiante: Fecha de Nacimiento:  L'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 asistiria:  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 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: Elicica Hernounde 2.  Apellido, Primer Nombre, Segundo Nombre  Domicilio: 22 35 Californiu St 192 Mountain View CA 94040  Calle, Ciudad, Estado, Código Postal		2235 Californiast # 192 Mountain View CA 94040
LEstudiante actual de Bullis Mountain View Charter School Si/No (marque uno) Leside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno) Si contesto si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría:  Estudiante 2:  Nombre:		Calle, Ciudad, Estado, Código Postal
Restudiante 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 si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra   manera asistiria:		Teléfono de Casa: 408 786-7260 Edad del Estudiante: Fecha de Nacimiento:
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 asistiria:  Estudiante 2:  Nombre:  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 Si/No (marque uno) ¿Reside usted dentro de los limites 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:  Apellido, Primer Nombre, Segundo Nombre  Domicilio: 2235 California St H192 Mountain View CA 94040  Calle, Ciudad, Estado, Código Postal		
Si contesto si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiria:  Estudiante 2:  Nombre:		Reside usted dentro de los límites del Distrito Escolar de Mountain View Whisman School District
### Estudiante 2:  Nombre: Grado en el año 2019-20: Apellido, Primer Nombre, Segundo Nombre  Domicilio:  Calle, Cludad, Estado, Código Postal  Teléfono de Casa: Edad del Estudiante: Fecha de Nacimiento:  ¿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 si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría:  Nombre del padre o tutor legal:	ĺ	(Si/No (marque uno) Si contesto si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra
Nombre: 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 Si/No (marque uno) ¿Reside usted dentro de los limites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno) Si contesto si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría:  Nombre del padre o tutor legal:		
Calle, Ciudad, Estado, Código Postal  Teléfono de Casa: Edad del Estudiante: Fecha de Nacimiento:  ¿Estudiante actual de Bullis Mountain View Charter School Si/No (marque uno) ¿Reside usted dentro de los limites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno) Si contesto si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiria:		Estudiante 2:
Calle, Ciudad, Estado, Código Postal  Teléfono de Casa: Edad del Estudiante: Fecha de Nacimiento:  ¿Estudiante actual de Bullis Mountain View Charter School Si/No (marque uno) ¿Reside usted dentro de los limites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno) Si contesto si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiria:		
Calle, Ciudad, Estado, Código Postal  Teléfono de Casa: Edad del Estudiante: Fecha de Nacimiento:  ¿Estudiante actual de Bullis Mountain View Charter School Si/No (marque uno) ¿Reside usted dentro de los limites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno) Si contesto si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiria:		
Edad del Estudiante:Fecha de Nacimiento:  ¿Estudiante actual de Bullis Mountain View Charter School Si/No (marque uno) ¿Reside usted dentro de los limites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno) Si contesto si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría:		Nombre: Grado en el año 2019-20;
¿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: Elvina Hennardez.  Apellido, Primer Nombre, Segundo Nombre  Domicilio: 2235 California St #192 Mountain View A 94040 Calle, Ciudad, Estado, Código Postal		Nombre: Grado en el año 2019-20; Apellido, Primer Nombre, Segundo Nombre Domicilio:
¿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: Elvina Hennardez.  Apellido, Primer Nombre, Segundo Nombre  Domicilio: 2235 California St #192 Mountain View A 94040 Calle, Ciudad, Estado, Código Postal		Domicilio:
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Si contesto si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiria:  Nombre del padre o tutor legal: Elocal Hernaudez.  Apellido, Primer Nombre, Segundo Nombre  Domicilio: 2235 California St # 192 Mondain Vi ew CA 94040  Calle, Ciudad, Estado, Código Postal		Calle, Ciudad, Estado, Código Postal  Teléfono de Casa: Edad del Estudiante: Fecha de Nacimiento:
Nombre del padre o tutor legal: Elvina Hernaudez.  Apellido, Primer Nombre, Segundo Nombre  Domicilio: 2235 California St #192 Mondain View CA 94040  Calle, Ciudad, Estado, Código Postal		Calle, Ciudad, Estado, Código Postal  Teléfono de Casa:Edad del Estudiante:Fecha de Nacimiento:  ¿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
Apellido, Primer Nombre, Segundo Nombre  Domicilio: 2235 California St # 192 Montain View CA 94040  Calle, Ciudad, Estado, Código Postal		Calle, Ciudad, Estado, Código Postal  Teléfono de Casa:Edad del Estudiante:Fecha de Nacimiento:  ¿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)
Apellido, Primer Nombre, Segundo Nombre  Domicilio: 2235 California St # 192 Montain View CA 94040  Calle, Ciudad, Estado, Código Postal		Calle, Ciudad, Estado, Código Postal  Teléfono de Casa:Edad del Estudiante:Fecha de Nacimiento:  ¿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
Calle, Ciudad, Estado, Código Postal		Calle, Ciudad, Estado, Código Postal  Teléfono de Casa:Edad del Estudiante:Fecha de Nacimiento:  ¿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:
· · · · · · · · · · · · · · · · · · ·		Calle, Ciudad, Estado, Código Postal  Teléfono de Casa:Edad del Estudiante:Fecha de Nacimiento:  ¿Estudiante actual de Bullis Mountain View Charter School Si/No (marque uno) ¿Reside usted dentro de los limites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno) Si contesto si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría:
Teléfono de Casa: 408 786 -7260 Correo Electrónico: el uiva hemandez 100 Agm		Calle, Ciudad, Estado, Código Postal  Teléfono de Casa:Edad del Estudiante:Fecha de Nacimiento:  ¿Estudiante actual de Bullis Mountain View Charter School Si/No (marque uno) ¿Reside usted dentro de los limites del Distrito Escolar de Mountain View Whisman School District Si/No (marque uno) Si contesto si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría:

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 revetada al Distrito Escolar de Mountain View Whisman School Distrito 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, Portole Ave. Los

Altos, CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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 reenrolling (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!

ormation:	
Name:	Grade in 2019-20:
Last, First, Middle	3 A. A
Home Address:	Havo court, APT #19, Mountain view.
Street City, State	Zip
1502	947-1072 Age: Date of Birth:
Home Phone: 46475	Date of Birth:
Resident of Mountain Vie	View Charter School student? YiN(circle one) ew Whisman School District?WN (circle one) nool within the District your son/daughter would otherwise attend:
Name:	Grade in 2019-20: e
Last, First, Middle	е
Home Address:	
Street City, State	<b>Zip</b>
Home Phone:	Age: Date of Birth:
Resident of Mountain Vie If yes, please list the dist Parent/Legal Guardian In	
Parent/Legal Guardian N	Name: Lekbrer Medicherler le
Home Address:	and as above -
	e Zip
Street City, State	
Street City, State	e Zip Email: <u>Chandu-medicherla@</u> Yah

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: Who Date: 10 to 18 Date: 10 to 18 Date: 10 to 18 Date: 10 to 18 Date: 10 Da

Proposition 39 Request: 2019-20 School Year

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

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		0 1 to 004	
Name: Last, First, Middle		Grade in 201	9-20:
Albania Antoni		. 11	<u> </u>
113 Aveluno	Nacy, Mountain	n View, CA	44043
Street City, State 2	•	•	
Home Phone: 305-9	75-5957 _{Age:}	Date of Birth:	
Current Bullis Mountain V	iew Charter School stu-	dent?_Y/Mcircle on	e)
Resident of Mountain View	w Whisman School Dist	rict?(9/N (circle one	)
If yes, please list the scho	ol within the District yo	ur son/daughter wo	uld otherwise attend:
<u> </u>		_	
**			
Name: Last, First, Middle		Grade i	n 2019-20:
Home Address:	,		
		* * * * * * * * * * * * * * * * * * * *	
Street City, State 2	<u>ʻ</u> ip		
Home Phone:	Age:	Date of Birth: _	
·	•		
Current Bullis Mountain V Resident of Mountain View	iew Charter School Stu- v Whisman School Dist	dent? Y(N (circle on	e)
If yes, please list the distr			
Parent/Legal Guardian Inf	ormation:		
Parent/Legal Guardian Na	mar		
Faretivitegal Guardian Na	me Marcus (	Marcy L.	
1 First Baladala			
Last, First, Middle			
Home Address: 4	Same)		
Home Address: ( )	Same)		•
Home Address:	Zip 1.	a.la.b.a'	- Q (10 lo no

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Signature of Parent/Legal Guardian: 1000 Marcia Date: 9/30/18
IMPORTANTI! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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!

Name:	Last, First, Middle		Grade in 20	19-20:	
Home Ad	idress:	nita Pl.			
	Street City, State Zi	<u>Cip</u>			
Home Ph	ione: <u>408-49</u>	99-7582 Age:	Date of Birth		-
Resident	t of Mountain View	lew Charter School study Whisman School District you within the District yo	rict 📆 🗱 (circle or	le)	
Name:	Last, First, Middle		Grade	in 2019-20:	
Home A	idress: 72/	Palmita Pl.			
	Street City, State Z	Zip			
Home Pl	none: <u>408 - 9</u>	799-731-Age:	Date of Birth:		
Resident If yes, pl	t of Mountain View	liew Charter School stu w Whisman School Dist lict school you would of formation:	rict? YØV (circle o	رر ہ (ne)	-
	egal Guardian Nar	600H	Mattoon	/	
Home A	Last, First, Middle ddress:	1 Po/mote P1. Zip 499-7582 Email:			Z
	Street City, State Z	Zip	<del>/</del>		
	1100		- (/		
Home Pi	hone. Yed-4	199-7)d7 Fmail	UPN+Fre.U	. MAT 150 NO.	n 19

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.

Proposition 39 Request: 2019-20 School Year

# 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: Grado en el año 2019-20: Apellido, Primer Nombre, Segundo Nombre
Domicilio:  Hmana  Calle, Ciudad, Estado, Código Postal
Calle, Ciddad, Estado, Codigo Postal
Teléfono de Casa:Edad del Estudiante:Fecha de Nacimiento:
¿Estudiante actual de Builis Mountain View Charter School Si/(v) (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 asistiria:
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 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: Noema' Amaga
Apellido, Primer Nombre/Segundo Nombre  Domicillo: 220 Latham St 47-75 Mountain view on 94 cryo  Calle, Ciudad, Estado, Código Postal
Teléfono de Casa: Cel 650 476 570 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: 2000 Complete 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

Proposition 39 Request: 2019-20 School Year

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 reenrolling (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!

Name:	Grade in 2019-20:	
Last, First, Mide	Idle	
Home Address:	onita Arc, MV, CA 94040	
Street City, Sta		
•	-584-3444 Age: Date of Birth:	
Resident of Mountain ' If yes, please list the s	in View Charter School student? Y/��(circle one) View Whisman School District?��N (circle one) school within the District your son/daughter would othe	rwise attend:
Name:	Grade in 2019-2	!0:
Last, First, Mid	Grade in 2019-2	
Home Address:		
Street City, Sta	ate Zip	
Home Phone:	Age: Date of Birth:	
Resident of Mountain If yes, please list the d Parent/Legal Guardian		
Parent/Legal Guardian	n Name: wardt. shemill A.	
Last, First, Mic	ddle	
	- · · ·	
Home Address:	me ·	
		<del></del>

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
IMPORTANTII Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos.

CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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ormation:		
Name:		Grade in 2019-20:
Last, First, Middle		<b>,</b>
Home Address: Movaan	, St. Mou	intain New, CA 94043
Street City, State Zip		
Home Phone: 805 890 985	L Age:	Date of Birth:
Current Bullis Mountain View Ch Resident of Mountain View Whis If yes, please list the school with	sman School Dist hin the District yo	ict?
Name		Grade in 2019-20:
Last, First, Middle		Grade in 2019-20:
Home Address:	•	
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Home Phone:	Ana:	Date of Birth:
Tiome i notioi		
Current Bullis Mountain View Cl Resident of Mountain View Whit If yes, please list the district sch Parent/Legal Guardian Informat Parent/Legal Guardian Name:	harter School stu sman School Dist hool you would ot tion:	dent? Y/N (circle one) rict? Y/N (circle one)
Current Bullis Mountain View Cl Resident of Mountain View Whis If yes, please list the district sch Parent/Legal Guardian Informat Parent/Legal Guardian Name:	harter School students School District Hool you would of tion:	dent? Y/N (circle one) rict? Y/N (circle one)

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Signature of Parent/Legal Guardian:

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CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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Nan	Last, First, Middle
Ноп	Last, First, Middle  10 Address: Shelly Drive, Mountain View, CA  263 Shelly Drive, Mountain View, CA
Hor	Street City, State Zip  Date of Birth:
Res	rent Bullis Mountain View Charter School student? (Circle one) ident of Mountain View Whisman School District? (IN) (Circle one) is, please list the school within the District your son/daughter would otherwise attend:
Nai	Grade in 2019-20:
Ho	Last, First, Middle ne Address: 263 Shelly Dive, Monrolan View, CA
-	Last, First, Middle ne Address: 63 Shelly Dive Mondain View, CA  Street City, State Zip  me Phone: 60-996-428  Age: Date of Birth:
Re	rent Bullis Mountain View Charter School student (VN (circle one) sident of Mountain View Whisman School District? (VN (circle one) es, please list the district school you would otherwise attend:
Pa	ent/Legal Guardian Name: Nilson Cathleln
Ho	Last, First, Middle me Address: 363 Shelly Drive, Munutain Van A
Ho	ent/Legal Guardian Name: Nilson Cathleln  Last, First, Middle me Address: 363 Shelly Drive, Mountain Van A  Street City, State Zip  me Phone:
L	

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

Date:

Proposition 39 Request: 2019-20 School Year

Intent to Re/Enroll Form

Signature of Parent/Legal Guardian:

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!

Name: Last, First, Middle Home Address: 415 SAINT EMILION CT , MOUNTAIN VIEW , CA 940 Street City, State Zip Home Phone: 617, 448, 8814 Age: Date of Birth:  Current Bullis Mountain View Charter School student? Y/R/Circle one) Resident of Mountain View Whisman School District (NN (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 Name:  MEHTA RESHMA Last, First, Middle Home Address:  ALG SAINT EMILION CT, MTN YIEW, CAP 940 43 Street City, State Zip Home Phone: Email: resh mehta grading Home Phone: Email: resh mehta grading.	<del></del> 1
Home Address:  AIS SAINT ENILION CT, MOUNTAIN VIEW, CA 940  Street City, State Zip  Home Phone: @17. 448.8814 Age: Date of Birth:  Current Bullis Mountain View Charter School Student? Y/RCircle one)  Resident of Mountain View Whisman School District Win (circle one)  If yes, please list the school within the District your son/daughter would otherwise attend:  Name:	
Street City, State Zip  Home Phone:	ŀ
Home Phone: 617, 448, 8814 Age: Date of Birth:  Current Bullis Mountain View Charter School student? Y/R circle one) Resident of Mountain View Whisman School District (7)N (circle one) If yes, please list the school within the District your son/daughter would otherwise attend:    Hell   H	104
Home Phone: 617, 448, 8814 Age: Date of Birth:  Current Bullis Mountain View Charter School student? Y/R circle one) Resident of Mountain View Whisman School District (7)N (circle one) If yes, please list the school within the District your son/daughter would otherwise attend:    Hell   H	` 'i
Current Bullis Mountain View Charter School student? Y/I/C (circle one) Resident of Mountain View Whisman School District (VIN (circle one) If yes_please list the school within the District your son/daughter would otherwise attend:   Harry	
Resident of Mountain View Whisman School District (Vin (circle one) If yes, please list the school within the District your son/daughter would otherwise attend:    HELLEAUF	
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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:	
Street City, State Zip  Home Phone:	
Street City, State Zip  Home Phone:	
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:  MEHTA DESHIMA  Last, First, Middle Home Address:  AIS SAINT EMILION CT, MTN YIED, CA 94043  Street City, State Zip  Home Phone:  Email: resh mella@gmail-C	
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:  MEHTA DESHIMA  Last, First, Middle Home Address:  AIS SAINT EMILION CT, MTN YIED, CA 94043  Street City, State Zip  Home Phone:  Email: resh mella@gmail-C	
Last, First, Middle Home Address:  ALS SAINT EMILION CT, MTN YIELD, CA 94043  Street City, State Zip  Home Phone:  Email: resh · melita@gmail-C  ning below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Buills Mountain View Ch 2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further understand	
Home Address:  AIG SAINT EMILION CT, MTN YIEU, CA 94043  Street City, State Zip  Home Phone:  Email: resh · melitargamail c  ning below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Buills Mountain View Ch  2019-20 school year. I understand that signing this Form does not guarantee enrollment in the Charter School. I further underst	
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ature of Parent/Legal Guardian:	25

IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave.

CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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

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Name	Last, First, Middle ¹ Grade in 2019-20:
Home 14	Address:  Street City, State Zip  Mountain View, CA 94040
Home	Phone: (41S) 260 - (882 Age: Date of Birth:
Resid	nt Bullis Mountain View Charter School student? YN (circle one) ent of Mountain View Whisman School District? (IN) (circle one) please list the school within the District your son/daughter would otherwise attend:
Name	Grade in 2019-20:
Hom	Last, First, Middle  Address: Village Court, Mountain View, CA 946  Street City, State Zip
Hom	Phone: (415)260-1882 Age: Date of Birth:
Resi	nt Bullis Mountain View Charter School student? Y/N (circle one) lent of Mountain View Whisman School District? Y/N (circle one) , please list the district school you would otherwise attend:  tt/Legal Guardian Information:
Pare	nt/Legal Guardian Name:
Hom	Last, First, Middle Address: Village Court, Mountain View, CA 94 Street City, State Zip Phone: (415)260-1882 Email: Civy Ciny Wolaw. Com
1	Street City, State Zip

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Name:	st, Middle		_ Grade i	n 2019-20:
Home Address:	Il Lane Morn	tain Vien	, CA	94643
Street C	ty, State Zip			Birth:
Home Phone: <u> </u>	14-924-4427	Age:	_ Date of E	Sirth:
Resident of Mou If yes, please lis	ountain View Charter S ntain View Whisman So t the school within the	cnool bistrict's District your s	CON COICE	ele one) e one) er would otherwise atten
Mamai			G	rade in 2019-20:
Name: Last, Fir Home Address:	st, Middle		·	
Street C	ity, State Zip			
Home Phone: _		Age:	Date of B	irth:
Resident of Mou	lountain View Charter S untain View Whisman S at the district school yo uardian Information:	chool District?	? Y/N (circ	cle one) le one) i:
Parent/Legal Gu	rardian Name:	<u></u>	•	
Home Address:				<u></u>
	City, State Zip			
		,	^	87man. com

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Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Date: Utolical Signature of Parent/Legal Guardian: Utolical Signature of Pa

Proposition 39 Request: 2019-20 School Year

# 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 IDevuelva 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:

			<u>\$</u>
Nombre:		Grado en el año 20	19-20:
Apellido, P	rimer Nombre, Segundo No	ombre	
Domicilio:	ham st #2	2 Mountain 1	11 P.W
Calle Ciudad Estar	do Codido Postal	_	
· · · · · ·	11- 441 1011		
Teléfono de Casa:	650,111,1056	_Edad del Estudiante:	Fecha de Nacimiento:
	<del></del> ′	€ _ g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g g	
¿Reside usted der \$]/No (marque un \$i contesto si, por	ntro de los límites del Dist o)	Charter School Si/16 (marc trito Escolar de Mountain Vie ela dentro del distrito a la cu	w Whisman School Distri
Estudiante 2:			<b>4</b>
Nombre: Apellido, F	Primer Nombre, Segundo N	Grado en el año 20 bmbre	<del></del>
Domicilio: La	than St H2	22 Mountain	10 W CA 9 40 40
Calle, Ciudad, Esta	ido,Código Postal		
Teléfono de Casa:	650,771,1056	Edad del Estudiante:	Fecha de Nacimiento
¿Reside usted der Si/No (marque un	ntro de los límites del Dis 10)	v Charter School Si/No (mar trito Escolar de Mountain VI	ew Whisman School Distri
manera asistiria:	· .	ela dentro del distrito a la cu	iai su estudiante de otra
Nombre del padre	o tutor legal: Apellido, I	Primer Nombre, Segundo Nom	bre
Domicilio:		-	
Calle, Ciudad, Esta	ado, Código Postal		

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

[I] MPORTANTE!! 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

Proposition 39 Request: 2019-20 School Year

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

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Name:		Grade in 20	19-20:
Last, First, Middle Home Address:			
Street City, State	Zip		
Home Phone:	Age:	Date of Birth	
Current Bullis Mountain	View Charter School s	student? Y/BQcircle o	ne)
Resident of Mountain Vie If yes, please list the sch	ew Whisman School D	istrict?(VIN (circle or vour son/daughter w	ne) ould otherwise attend
II yes, produce not the con-			
Name:Last, First, Middle		Grade	in 2019-20:
Home Address:	8		
Charl Okt Otto	. 7: <u>.</u>		
Street City, State	•		
Home Phone:	Age:	Date of Birth:	
Current Bullis Mountain	View Charter School	student? Y/N (circle	ne)
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Resident of Mountain Vill If yes, please list the dis Parent/Legal Guardian Name Last, First, Middle	strict school you would information: Name PETPO le	d otherwise attend: _	AN
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Resident of Mountain Vill If yes, please list the dis Parent/Legal Guardian Name Last, First, Middle	strict school you would information:  Name PETPO le  LATHAM	d otherwise attend: _	AN

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Signature of Parent/Legal Guardian: 

| Control | Date: | Date

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Name:		Grade in 2019-20:
Home Address: 570 S Rengs	toren Ave, = 2	21
Home Phone: <u>3/2-3</u>	<u>75-0502</u> Age:	Date of Birth:
Resident of Mountain V	/lew Whisman School D	student? YN (circle one) District? YN (circle one) t your son/daughter would otherwise a 
Name:		Grade in 2019-20:
Last, First, Midd	elt	
	L. 71.	
Street City, Stat	•	
Home Phone:	Age:	Date of Birth:
Resident of Mountain \	View Whisman School E istrict school you would	student? Y/N (circle one) District? Y/N (circle one) d otherwise attend:
Parent/Legal Guardian	Name: Sarah Pl	ham
- al oliveogal odalalali		
Last, First, Middenne Address:	dle same as ah	mu P.
Last, First, Midde Home Address:	dle <u>Saml</u> as ab ite Zip	ham nve

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Name: Last, First, Middle	<u> </u>		Grade in 2019-20:
Home Address:	Way Apt	4 , Mo	untain View , CA 94040
Home Phone: (650)	276-8940	_Age: _	Date of Birth:
Current Bullis Mountain Resident of Mountain Vi If yes, please list the sci	iew Whisman So nool within the	chool Distri District you	ict?(Y/N  (cIrcle one) ır son/daughter would otherwise attend:
Name:			Grade in 2019-20:
Last, First, Midd	le		
Home Address:			
Street City, State	e Zip		
•	•	_	
		_Age:	Date of Birth:
	· View Chade- 5		
Current Bullis Mountain Resident of Mountain V If yes, please list the dis Parent/Legal Guardian	iew Whisman S strict school yo Information: Name:	School stud ichool Distr	lent? Y/N (circle one)
Current Bullis Mountair Resident of Mountain V If yes, please list the dis Parent/Legal Guardian Parent/Legal Guardian	iew Whisman S strict school yo Information: Name:	School stud ichool Distr	lent? Y/N (circle one) ict? Y/N (circle one)
Current Bullis Mountain Resident of Mountain V If yes, please list the dis Parent/Legal Guardian Parent/Legal Guardian Liu, Qian Last, First, Midd	iew Whisman S strict school yo Information: Name:	School stud ichool Distr u would of	lent? Y/N (circle one) ict? Y/N (circle one) nerwise attend:
Current Bullis Mountain Resident of Mountain V If yes, please list the dis Parent/Legal Guardian Parent/Legal Guardian Liu, Qian Last, First, Midd	iew Whisman S strict school yo Information: Name:	School stud ichool Distr u would of	lent? Y/N (circle one) ict? Y/N (circle one) nerwise attend:
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Current Bullis Mountain Resident of Mountain V If yes, please list the dis Parent/Legal Guardian Parent/Legal Guardian Liu, Qian Last, First, Midd	iew Whisman S strict school yo Information: Name:	School stud ichool Distr u would of	lent? Y/N (circle one) ict? Y/N (circle one)

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Name:	, Middle		Grade in 2019-20:	
* Last; First	, Middle	er 3g		
Home Address:	wonshine Ave 7	. Ma	untain 1 Main	1 CA 94
Stroot City	Ctata 7in			
Home Phone: <u>4</u>	12)953-9026_A	ge:	ate of Birth:	
Resident of Mounif yes, please list	untain View Charter Sch tain View Whisman Sch the school within the Di	ool District?(%)	N (circle one)	wise attend:
Mamai			Grade in 2019-20	1•
Name:	t, Middle		Glade III 2013-21	··
Home Address:	1 1110-10			
	. Divis 7%			
Street Cit	y, State Zip			
Home Phone:	A(	ge: Da	ate of Birth:	
			Y/N (circle one)	
Current Bullis Mo Resident of Mour If yes, please list	ountain View Charter Sch Itain View Whisman Sch the district school you v Irdian Information:	ool District? Y/	N (circle one)	<u>,</u>
Current Bullis Mo Resident of Mour If yes, please list Parent/Legal Gua Parent/Legal Gua	ntain View Whisman Sch the district school you verdian Information: ardian Name:	ool District? Y/	N (circle one)	
Current Bullis Mo Resident of Mour If yes, please list Parent/Legal Gua Parent/Legal Gua Last. Firs	ntain View Whisman Sch the district school you verdian Information: Indian Name:	ool District? Y/would otherwis	N (circle one) e attend:	
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Current Bullis Mo Resident of Mour f yes, please list Parent/Legal Gua Parent/Legal Gua Last, Firs Home Address:	ntain View Whisman Sch the district school you verdian Information: ardian Name:	nool District? Y/would otherwis	N (circle one) e attend:  No untain Mo	w, CA

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Signature of Parent/Legal Guardian: Date: 09/08/2018

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Stude	nt information:
Emississmania a amanganda e	Name: Grade in 2019-201
	Home Address 2341 Hilo Cf. Mty View CA 94040
	Street City, State Zip
	Home Phone: 655-248-3993 Age: Date of Birth:
	Current Buille Mountain View Charter School student? YAVCtrole one) Resident of Mountain View Whismen School District (VIN (circle one)
· \	If yes, please list the school within the District your son/daughter would otherwise attend:
	Name:
	Last, First, Middle
	Home Address:
	Siresi City State Zip
	Home Phone: Age: Date of Birth:
	Current Buills Mountain View Charter School student? Y/N (circle one) Resident of Mountain View Whiteman School District? Y/N (circle one)
أدانا المعادلات المعادلات المستحادث	If y⇔ please list the district school you would otherwise attend: Parent/Legal Guardian Information:
	Parent/Legal Guardian Name: Moore, Li
	Last First Middle:
	Home Address: 274 1410 Ct MH, Vien CA 94540 Street City, State Zip
	Home Phone: CSD-248-3993Email: IMWORE Qq WALL COM

By signing below, I am indicating that I am meaningfully interested in forentplingrenipting the above named children) in Bullis Mountain View Charles School for the 2019-20 school year. Lunderstand that signing this Form does not guarantee enrotinent in the Charles School. I further understand that this information will be disclosed to the Mountain View Whileman School District to support the Charles School's request for facilities under Proposition 39. Districts have been known to call parents dreetly to verify their interest; I understand that if the District does contact me, I am nearingfully interested in enrolling my child(ren) at the Charles School.

Signature of Parent/Legal Guardian:

Date: 10 8 18

_____Date: 10/8/ IMPORTANTII Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos. CA 94022, 650-947-4989

# Buills 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 itene 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:

<u></u>	
Estudiante 1:	
Nombre: Apellido, Primer Nombre, Segundo Nombre	Grado en el año 2019-20:
Domicillo: 31 Church St #2 Mfn	view 44041
Calle, Ciudad, Estado, Codigo Postar	
Teléfono de Casa: <u>408 830 - 42 74</u> Edad	del Estudiante: Fecha de Nacimiento:
¿Estudiante actual de Bullis Mountain View Charte ¿Reside usted dentro de los límites del Distrito Es (Si/No (marque uno) Si contesto sí, por favor identifique la escuela den manera asistiría:	colar de Mountain View Whisman School District
Estudiante 2:	
Nombre:	Grado en el año 2019-20:
Nombre: 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 Chart ¿Reside usted dentro de los límites del Distrito Es Si/No (marque uno) Si contesto sí, por favor identifique la escuela des manera asistiría:	colar de Mountain View Whisman School District
	tydi P
Domicilio: 31 Church St # 2 M	Nombre, Segundo Nombre
Caile, Ciudad, Estado, Código Postal	,
Teléfono de Casa: 408 830-42-74 Corr	eo Electrónico: Crus patricia o inode 160 g.

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 /14 // 8

[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

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

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!

Name:	Grade in 2019-20:	,
Last, First,	alifornia St. Apt 10 Mount	an Vierr
Street City Home Phone:	(, State Zip つ)の0000Age: Date of Birth:	
Current Bullis Mon	untain View Charter School student? YECcircle one) tain View Whisman School District? YN (circle one) the school within the District your son/daughter would otherwi	se attend:
Name:	Grade in 2019-20:	
Last, First	Alifornia St. Apt. 10 Mn.	liere
Home Phone	5 869 -04 Age: Date of Birth:	
Resident of Mount If yes, please list	untain View Charter School student? YM (circle one) tain View Whisman School District? WN (circle one) the district school you would otherwise attend:	TRO
Parent/Legal Gua	1e-o, Moria	
Home Address:	California St. Apt 10	
Home Phone:	50/889-06 Email: (29/100/270315	@gmail

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:

IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos.

CA 04022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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 reenrolling (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 Informati	on:		•			
Name:	Last, First, Midd	le	A.	Grade in 2019-20	:	
Home .	Address:	09 Wasa	tch T	orive. My	(A 9401	40
	Street City, State	e Zip		•		
Home	Phone: 408_0	163-8287 A	je:D	ate of Birth: 🊄		
Reside	nt of Mountain V	n View Charter Scholiew Whisman Schol shool within the Dis	ol District'i YI	N (circle one)	otherwise attend	
		Q		,		
Name:			······	Grade in 20	019-20:	
Home	Last, First, Midd Address:	ll <b>e</b>				
-	Street City, Stat	e Zip				-
Home	Phone:	Ag	e: Di	ate of Birth:	· · · · · · · · · · · · · · · · · · ·	
Reside If yes, Paren	ent of Mountain V		ool District? Y/ ould otherwis	N (circle one) e attend:		<b>-</b> '
- Landing	dan da Salata - dan da salat Salat Salat	<u>Shah</u>	, Dhwar	11 Jiten	dra	_
Home	Last, First, Midd Address:   2_ Street City, Sta	.09 Was	atch ?	brive, m	v, 94040	_
Home	Phone: 408	540-9032 E	mail: PYIL	lanka.tl	na Kove @5	moulium
			<del> </del>			
Charter School for the understand that this in under Proposition 39. not required to answer	2019-20 school yea formation will be disc Districts have been it any questions but n	ar. I understand that s closed to the Mountain known to call parents d nay choose to confirm	signing this Form View Whisman S irectly to verify th that I am meaning	does not guaranted school District to sup eir interest; I unders gfully interested in e	e enrollment in the (  pport the Charter Scientary  stand that if the Distington  nrolling my child(ren	) In Bullis Mountain View Charter School. I furthe hool's request for facilitier ict does contact me, I and at the Charter School.
		<u>CA 9</u> 4	1022: 650-947	<u>-4989</u>	<del></del>	

Proposition 39 Request: 2019-20 School Year

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!

Name:		Grade in 2019-	:0:
Last, First, Mid			~
1631 GCar	it Rd Mour	stain View (A	94040
Street City, Sta			
Home Phone: 914	<i>-565-3474</i> <b>4</b> ge:	Date of Birth:	
Pesident of Mountain	View Whisman School	istudent? Y/M (circle one) District?(Y/N (circle one) ct your son/daughter woul	
Name:		Grade in	2019-20:
Last, First, Mid	ddle		
Home Address:			
Street City, St	ate Zip		
Home Phone:	Age:	Date of Birth:	
		d etudent? V/N (circle one	)
Current Bullis Mount Resident of Mountain If yes, please list the Parent/Legal Guardia	ı View Whisman School district school you wou	District? Y/N (circle one)	
Resident of Mountain If yes, please list the Parent/Legal Guardia	i View Whisman School district school you wou in Information:	I District? Y/N (circle one)  Ild otherwise attend:	
Resident of Mountain If yes, please list the Parent/Legal Guardia Parent/Legal Guardia	view Whisman School district school you wou in Information:  un Name: Smith	I District? Y/N (circle one) Ild otherwise attend:	CiS.
Resident of Mountain If yes, please list the Parent/Legal Guardia Parent/Legal Guardia	view Whisman School district school you wou in Information:  un Name: Smith	I District? Y/N (circle one)  Ild otherwise attend:	CiS.

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.

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

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!

Name:	Grade in 2019-20:	
Last, First, Midd	le	
Home Address: 158	S VILLA ST. MOUNTAINVI	EW, CA
Street City, Stat	e Zip	
Home Phone: 650	417-5322 Age: Date of Birth:	
Resident of Mountain V	n View Charter School student? Y/ID(circle one) iew Whisman School District? YIN (circle one) shool within the District your son/daughter would other.	erwise attend:
	· · · · · · · · · · · · · · · · · · ·	. 20.
Name: Last, First, Midd		-20:
	n <del>o</del>	
Home Address:		
Home Address: Street City, State	te Zip	
	•	
Street City, Stat	Age: Date of Birth:	
Street City, State Home Phone: Current Bullis Mountain	Age: Date of Birth: n View Charter School student? Y/N (circle one)	
Street City, State Home Phone: Current Bullis Mountain Resident of Mountain	Age:Date of Birth:  n View Charter School student? Y/N (circle one) /iew Whisman School District? Y/N (circle one)	
Street City, State Home Phone: Current Bullis Mountain Resident of Mountain	Age: Date of Birth: n View Charter School student? Y/N (circle one) /iew Whisman School District? Y/N (circle one) strict school you would otherwise attend:	
Street City, State Home Phone: Current Bullis Mountain Resident of Mountain \ If yes, please list the di Parent/Legal Guardian	Age: Date of Birth: n View Charter School student? Y/N (circle one) /iew Whisman School District? Y/N (circle one) strict school you would otherwise attend: Information:	
Street City, State Home Phone: Current Bullis Mountain Resident of Mountain \ If yes, please list the di	Age: Date of Birth: n View Charter School student? Y/N (circle one) /iew Whisman School District? Y/N (circle one) strict school you would otherwise attend: Information:	
Street City, State Home Phone: Current Bullis Mountain Resident of Mountain \ If yes, please list the di Parent/Legal Guardian Parent/Legal Guardian	Age: Date of Birth: n View Charter School student? Y/N (circle one) /iew Whisman School District? Y/N (circle one) strict school you would otherwise attend: Information:  Name: STEWART MAGAN	
Street City, State Home Phone: Current Bullis Mountain Resident of Mountain \ If yes, please list the di Parent/Legal Guardian	Age: Date of Birth: n View Charter School student? Y/N (circle one) /iew Whisman School District? Y/N (circle one) strict school you would otherwise attend: Information:  Name: STEWART MAGAN	
Street City, State Home Phone: Current Bullis Mountain Resident of Mountain \ If yes, please list the di Parent/Legal Guardian Parent/Legal Guardian Last, First, Mide	Age:Date of Birth: n View Charter School student? Y/N (circle one) /iew Whisman School District? Y/N (circle one) strict school you would otherwise attend: Information:  Name: STEWART WEGAN  die SAMGA	
Street City, State Home Phone:  Current Bullis Mountain Resident of Mountain \ If yes, please list the di Parent/Legal Guardian  Parent/Legal Guardian  Last, First, Middene Address:  Street City, State  Control of the con	Age:Date of Birth: n View Charter School student? Y/N (circle one) /iew Whisman School District? Y/N (circle one) strict school you would otherwise attend: Information:  Name: STEWART WEGAN  die SAMGA	

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.

Proposition 39 Request: 2019-20 School Year

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 reenrolling (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!

Name:	Grade in 2019-20:
Last, First, Mic	ddle - Co Guaya
Street City, Str	ronkdale Are Min View, CA 94040
Home Phone: 408	3-316-4805Age: Date of Birth:
Resident of Mountain	ain View Charter School student? Y(N)(circle one)  Note Whisman School District?(Y/N) (circle one)  School within the District your son/daughter would otherwise attend:
Name:	Grade in 2019-20:
Last, First, Mid Home Address:	iddle
Street City, St	tate Zlp
Home Phone:	Age: Date of Birth:
Resident of Mountain If yes, please list the Parent/Legal Guardia	,
Last, First, Mi	iddle Stewart, & 1129bern Fills
Last, First, Mi Home Address:	Stewart, Elizabeth Milk SI Brodedale Ave Min Vicw 9404
Last, First, Mi Home Address: 2	an Name: Stewart, Elizabeth Anne 1000 State Zip 3-316-4805 Email: Mrs lizstewara gr

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 configuration am meaningfully interested in enrolling my child(ren) at the Charter School.

Proposition 39 Request: 2019-20 School Year

# 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!

formació	on del Estudiantes:
$\Rightarrow $	Nombre: Grado en el año 2019-20: Apellido, Primer Nombre, Segundo Nombre
ot 11	Domicillo: 659 Moorpark way, Mountain View Calle, Ciudad, Estado, Código Postal
	Teléfono de Casa: 469 802 8284 Edad del Estudiante: Fecha de Nacimiento:
	LEstudiante actual de Bullis Mountain View Charter School Si/ (marque uno) Lestudiante actual de Bullis Mountain View Charter School Si/ (marque uno) Lestudiante 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: (asi re elementary shool
<b>一</b> う	Nombre:  Apellido, Primer Nombre, Segunde Nombre
	Domicilio: 1 659 Moorbark way, Mountain View Caile, Ciudad, Estado, Código Postal
	Teléfono de Casa: 408 802 8284 Edad del Estudiante: Fecha de Nacimiento:
	¿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 si, por favor identifique la escuela dentro del distrito a la cual su estudiante de otra manera asistiría: Contro elementary school  Nombre del padre o tutor legal: Carlos an a
	Domicilio: 659 Moog park way Mountain VI W Calle, Ciudad, Estado, Código Postal  Calle, Ciudad, Estado, Código Postal
	Teléfono de Casa: 408 802 8784 Correo Electrónico: Carlos tai na pyahoo c

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 formularlo 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.

Firms del Padre o Tutor Legal: (2) (3) (3) Fecha: (4 / 8 / ) 8

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

Proposition 39 Request: 2019-20 School Year

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!

Name:	Grade in 2019-20
Last, First, Middle Home Address:	
188t (a) isom) a St. AD 5	
Home Phone: 650-669-7673	Age: Date of Birth:
Current Bullis Mountain View Charter S Resident of Mountain View Whisman S If yes, please list the school within the	School student? Y/IV(circle one) School District? Y/N (circle one) District your son/daughter would otherwise attend:
Not swe yet	
Name: Last, First, Middle	Grade in 2019-20:
Home Address: First, Middle  Home Address: Forma St. Aff  Street City, State Zip	pt 51
Home Phone: 650-669-7673	_Age: Date of Bir
Current Bullis Mountain View Charter Resident of Mountain View Whisman	School student?_Y/N/circle one) School District? Y/N (circle one)
If yes, please list the district school you Parent/Legal Guardian Information:	ou would otherwise attend:
Parent/Legal Guardian Name:	n Shens
Parent/Legal Guardian Name: Lique  Last, First, Middle  Home Address: 85 (a) for  Street City, State Zip	mia St. Apt 51
Street City, State Zip	B Email: 13 un Sh@gnail Com
11- Bhome 650-669-7677	L Email: Liquin Sheagnail' 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: 18-20-20 | S | 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

Proposition 39 Request: 2019-20 School Year

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!

Name:	Grade in 2019-20:
Last, First, Middle	
Home Address: ドルナ	Beatria St. Mv. 94043
Street City, State Zip	
Home Phone: #58357	フィッチ Age: Date of Birth:
Current Bullis Mountain View	v Charter School student? Y/IO(circle one)
Resident of Mountain View V If yes, please list the school	Yhisman School District? Y/N (circle one) within the District your son/daughter would otherwise attend
Theuerka	<u> 245</u>
	And the Paris And Andrews
Name: Last, First, Middle	Grade in 2019-20:
Home Address:	167 Beatrice St. MV. 9404.
Street City, State Zip	
Home Phone: 858357	7-134 Age: Date of Birth:
	w Charter School student? Y/N (circle one)
Resident of Mountain View V	Whisman School District? Y/N (circle one) school you would otherwise attend:
Parent/Legal Guardian Infor	
Parent/Legal Guardian Name	QIN, CHUAN
Last, First, Middle	167 Beatrico St, MV 94 77134 Email: cgrets@gmail.c
Home Address:	10+ Beatrice >t, MV 74
Street City, State Zip	

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:

IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to:

CA 94022; 650-947-4989

Date: 7 | 1 | 18 | 102 W. Portola Ave. Los Altos

Proposition 39 Request: 2019-20 School Year

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!

*				
Name:		Grade	n 2019-20: 📗	
Last, First, Middle				
Home Address:	1 6. 11.		U. a.	CA.
2434 Pock S	377, HD, 17	Mounta	en vien	7, CI ) s
Street City, State Z	īb ,		Byte.	
Home Phone: 650-80	0-5767 Age:	Date of	Birth:	
Current Bullis Mountain Vi	iew Charter School	student? Y/N (cir	cle one)	
Resident of Mountain View If yes, please jist the scho	/ wnisman acnosi ol within the Distric	t vour son/daugh	er would otherwi	se attend:
Monta L	roma El	einantary	<i>†</i>	
*		*****		
		2 -1	irade in 2019-20:	
Name: Last, First, Middle		<del></del> `	naue in 2015-20.	
Home Address:				
Street City, State 2	<b>Zip</b>	,		And the state of t
Home Phone:	Age:	Date of	Birth:	<u>ي</u>
Current Bullis Mountain V	iew Charter Schoo	student? Y/N (ci	rcle one)	•
Resident of Mountain View	w Whisman School	District? Y/N (cir	cie one)	•
Resident of Mountain View If yes, please list the distr	w Whisman School ict school you wou	District? Y/N (cir	cie one)	•
Resident of Mountain View If yes, please list the distr Parent/Legal Guardian Inf	w Whisman School ict school you wou formation:	District? Y/N (cir ld otherwise atter	cie one) d:	
Resident of Mountain View If yes, please list the distr Parent/Legal Guardian Inf	w Whisman School ict school you wou formation:	District? Y/N (cir ld otherwise atter	cie one) d:	
Resident of Mountain View If yes, please list the distr Parent/Legal Guardian Inf	w Whisman School ict school you wou formation:	District? Y/N (cir ld otherwise atter	cie one) d:	
Resident of Mountain View If yes, please list the distr Parent/Legal Guardian Inf	w Whisman School ict school you wou formation:	District? Y/N (cir ld otherwise atter	cie one) d:	
Resident of Mountain View If yes, please list the distr Parent/Legal Guardian Inf	w Whisman School ict school you wou formation:	District? Y/N (cir ld otherwise atter	cie one) d:	em Vi
Resident of Mountain View If yes, please list the distr Parent/Legal Guardian Inf	w Whisman School ict school you wou formation:	District? Y/N (cir ld otherwise atter	cie one) d:	zu Vi
Resident of Mountain View If yes, please list the distr Parent/Legal Guardian Inf	w Whisman School ict school you wou formation:	District? Y/N (cir ld otherwise atter	cie one) d:	zun Vi

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:	()//		9/11/2018
IMPORTANT!! Return by September 28,	2018 in person, by mail	, or by fax to: <u>102 W</u>	. Portola Ave, Los Altos
,,,,,	<u>ĆA 94922; 650-947-49</u>	189	

Proposition 39 Request: 2019-20 School Year

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 reenrolling (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!

- 🔊	Name:
	Home Address: 287 Chiquita Ave, Mountain View, CA Street City, State Zip
	Home Phone: 650-575-1705 Date of Birth:
	Current Bullis Mountain View Charter School student? Y(Q) (circle one) Resident of Mountain View Whisman School District? (V)N (circle one) If yes, please list the school within the District your son/daughter would otherwise attend:
2)	Name Last, First, Middle
	Street City, State Zip Home Address: 287 Chiquita Ave, Mountain View, CA 9400
	Home Phone: <u>V50-575-170 Sage:</u> 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: Samaha, Baybara Ann
3	Home Address: 87 ChiQuita Aul, Mountain Valo, CA QU Street City, State Zip
2	PHome Phone: USOS75170 Email: btragish @ amail: 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.

Proposition 39 Request: 2019-20 School Year

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!

Name:		Grade in 2019-20:	
Last, First, Middle			•
Home Address: 200 Manit	h Way #12	Mountain View,	CA 94040
Street City, State Zip			
Home Phone: 468 -480-2	LAF Age:	Date of Birth:	
Current Bullis Mountain View Cl Resident of Mountain View Whis If yes, please list the school with Bubb	sman School Dist	rict?(X/N (circle one)	i <b>erwise a</b> ttend
Name:		Grade in 2019	- <b>20:</b>
Last, First, Middle		<del></del>	
Home Address:			
Street City, State Zip			
Home Phone:	Age:	Date of Birth:	
Current Bullis Mountain View C	sman School Dist	rict? Y/N (circle one)	
If yes, please list the district sci Parent/Legal Guardian Informat	ion:		
If yes, please list the district sci Parent/Legal Guardian Informat	ion:		٠.
If yes, please list the district sci Parent/Legal Guardian Informat Parent/Legal Guardian Name: Last, First, Middle	ion:		٠.
If yes, please list the district sci Parent/Legal Guardian Informat Parent/Legal Guardian Name:	ion:		• .
If yes, please list the district sol Parent/Legal Guardian Informat Parent/Legal Guardian Name: Last, First, Middle	ion:		· .

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:	Tender	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	

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

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!

Name <b>S</b>	Grade in 2019-20:
Home Addre	·
Stre	eet City, State Zip
Home Phon	e: <u>450 - 282 - 5203</u> Age: Date of Birth:
Resident of	lis Mountain View Charter School student?—Y/8 (circle one) Mountain View Whisman School District? Y/N (circle one) list the school within the District your son/daughter would otherwise attend:
Name:	Grade in 2019-20:
Las Home Addr	st, First, Middle ess:
Str	eet City, State Zip
Home Phor	ne; Age: Date of Birth:
Resident of	llis Mountain View Charter School student? Y/N (circle one) f Mountain View Whisman School District? Y/N (circle one) se list the district school you would otherwise attend: al Guardian Information:
	al Guardian Name, Wu, Victoria, K
La	st, First, Middle 133 Rincon St Mountain View. CA 94040
Home Add	1211 -1110011 31 1100
Sti	reet City, State Zip  ne: 650-282-5203 Email: VICK and tob Egman. 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.

Proposition 39 Request: 2019-20 School Year

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!

Name:	100000		Grade in	2019-20:	A Market of Assets
Last, F	irst, Middle				
Home Address	SUN MOR	AVE	MOUNTAIN	VIEW C	1 94040
Street	City. State Zip				
Home Phone:	408-406-	<u>-4 /3 /</u> Age: _	Date of E	irth:	<u> </u>
Resident of Mo	Mountain View Chountain View Whis ist the school with	man School D in the District	istrict?//)N (circl your son/daughte	de one) e one) er would other	wise attend:
- Prac	DIA HUTT	riemenia	7		
Name			Gi	ade in 2019-20	:
	irst, Middle	_	<del> </del>		
Home Address	6 SUN M	OR AVE	MOUNTAIN	VIEW C	A 94040
Street	City, State Zip		•		
Home Phone:	408-406-4	1939 Age:	Date of B	rth:	
Resident of Me If yes, please i	Mountain View Chountain View Whis ist the district sch Guardian Informati	man School D lool you would	istrict? Y/N (circ	le one)	Huff. He
SKW	Suardian Name:	N WINNI	Œ		
	First, Middle	e ar	MOUNTA	WEW M	19404D
Home Address			, 'VTU''/////	VICT U	
Home Address  200 ( Street	<u>2</u>	FIVE	,		

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:

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

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

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!

Name:	Grade in 2019-20:
Last, First, Middle	inder cf, Mountain View, CA
スタリーバルグリ Street City, State 2	Zip
Home Phone: <u>65</u> 0 215	7750 Age: Date of Birth:
Resident of Mountain View	View Charter School student? Y/8 (circle one)  w Whisman School District? VN (circle one)  ool within the District your son/daughter would otherwise attend
	Grade in 2019-20:
Name: Last, First, Middle	
	Esander of, Mountain View, CA
Street City, State	Zip
Home Phone: 650 219	Age:Date of Birth:
Resident of Mountain Vie	View Charter School student? Y/N (circle one) ew Whisman School District? Y/N (circle one) trict school you would otherwise attend:
Parent/Legal Guardian N	ame Yan, Houging
Last, First, Middle Home Address:	e 2300 Hlexander ct, Monotain View, CA 2ip 19770 Email: Yanhougiang@gmail.com
Street City, State	Zip
Home Phone: 6502	15 1750 Email Yan howgiang @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: Sylve Signature of Parent/Legal Guardian: Date: 7/8/20/6

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

Proposition 39 Request: 2019-20 School Year

Dear current and potential Builis 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!

Name:		Frade in 2019-20:	
Last, First, N	Middle		
Home Address:	M. ILL SIMERON MA	ountain utow. 99 94	L640
Street City,	State Zin	CONT MANY O DOOR 1 10 7 1	,
<b>V</b> *	•	ARTICLE CONTRACTOR	
Home Phone: 510	>-475-715) Age:	Date of Birth:	
Resident of Mounta If yes, please list th	ntain View Charter School ain View Whisman School ne school within the Distric	District? <b>(/)</b> N (circle one) ct your son/daughter would othe	rwise attend
Name		Grade in 2019-2	!O:
Last, First,	Middle	Grade in 2019-2	
Home Address:			
Street City,	, State Zip		
1	•	Date of Birth:	
nome Phone:		Date of Biltii	
Resident of Mounta	ain View Whisman School he district school you wou	I student? Y/N (circle one) District? Y/N (circle one) Id otherwise attend:	
_			
Parent/Legal Guard	dian Name: LNG 140		
「使,火7 Last, First,	ING VAO.		
Last, First,	ING YAO . Middle	I MANACALITEN CA	3600/10
Last, First, Home Address:	NG YAO SPEZUG LN Middle SHADY SPEZUG LN	MOUNTARN VIBN. CA	34940
Last, First, Home Address: 3360 Street City,	ING YAO , Middle SHADY SPPZUG LN , State Zip	I MOUNTARN VIBN. CA S	

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: 9-15-20/8IMPORTANTI! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Altos, CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

# 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. ¡Graclas por su apoyo y su cooperación!

#### Información del Estudiantes:

Estudiante 1:
Nombre: Grado en el año 2019-20
Domicilio: Bock St #4 Mountain View CA. 94043
Calle, Ciudad, Estado, Código Postal
Teléfono de Casa (ムミロ) 30分-5 9回に 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 (6)/No (marque uno) Sí 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: Perciva Blunca Yanira
Nombre del padre o tutor legal: Perciva Blunca Yanira  Apellido, Primer Nombre, Segundo Nombre  Domicillo: 2005 Rock 5+ H 4 Mountain Uicu C4 94043  Calle, Ciudad, Estado, Código Postal
Teléfono de Casa: (650) 308 - 5 920 Correo Electrónico: Yani Perciva 1993 @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: 10/11/18

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

Proposition 39 Request: 2019-20 School Year

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!

Name:		Grade in 2019-20.
last First	Middle	••
Home Address: \	850 MONTECITO	S AUE MOUNTANT LIEU
	, <del></del> -	
Home Phone: 65	\$ 743 1060 Age:	Date of Birth
Resident of Mounts If yes, please list th	ain View Whisman School	ol student? YMCcircle one) ol District@NN (circle one) rict your son/daughter would otherwise attendation————————————————————————————————————
Name		Grade in 2019-20:
Last, First,	Middle	Grade in 2019-20:
Home Address:		
Street City	/ State Zin	
•	•	
Hama Dhamas	Age:	: Date of Birth:
Home Phone:		
Current Builis Mou	untain View Charter Schoo tain View Whisman School the district school you wou	ool student? Y/N (circle one) ol District? Y/N (circle one) ould otherwise attend:
Current Builis Mou Resident of Mount If yes, please list t	untain View Charter Schoo tain View Whisman School the district school you wou rdian Information:	oi District? Y/N (circle one)
Current Bullis Mou Resident of Mount If yes, please list to Parent/Legal Guar	untain View Charter School tain View Whisman School the district school you wou rdian Information:	of District? Y/N (circle one) build otherwise attend:
Current Bullis Mou Resident of Mount If yes, please list to Parent/Legal Guar	untain View Charter School tain View Whisman School the district school you wou rdian Information:	oi District? Y/N (circle one) puld otherwise attend:

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.

Proposition 39 Request: 2019-20 School Year

# 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 ¡Devueiva a Bullis Mountain View Charter School antes del 26 de Octobre 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 sería de inscribir o reinscribir a su estudiante en el programa de chárter para el curso escolar 2019-20. ¡Graclas por su apoyo y su cooperación!

#### Información del Estudiantes:

Estudiante 1:
Nombre: Apellido, Primer Nombre, Segunde Nombre
Domicilio: 316 FSCUELO Ave #29 Moon-teun VIew CA 94040 Calle, Ciudad, Estado, Código Postal
Teléfono de Casa: (650) 5 /8-1/40 Edad del Estudiante de Macimiento:
Estudiante actual de Bullis Mountain View Charter School SiMe (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: 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:
LEstudiante actual de Bullis Mountain View Charter School Sí/No (marque uno) L'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  Domicillo: 3/6 ESCOSIO 1000 + 29 110000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Teléfono de Casa 650) 518-1140 Correo Electrónico: 1 my gomet 200 g mai 1 con

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: WWW DOWN Fecha: 10/34/18 September 10/34/18 Fecha: 10/34/18 September 10/34/1

Proposition 39 Request: 2019-20 School Year

# 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 sería 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:	Grado en el año 2019-20:
Apellido, Primer Nombre, Seg Domicilio:	
Calle Lillinga Petauu Couldo Boetal	1. Fornia St 719 Magnahinewas 9109
Tolifform de Const (ELMQ") Zazz	Fecha de Nacimiento:
Telefono de Casa: (-(CG))205	11210 Edad del Estudiante: Pecha de Nacimiento:
¿Reside usted dentro de los límites ⑤/No (marque uno) Si contesto sí, por favor identifique	in View Charter School Si/No (marque uno) del Distrito Escolar de Mountain View Whisman School District la escuela dentro del distrito a la cual su estudiante de otra
Estudiante 2:	
Nombre: Apellido, Primer Nombre, Seg Domicilio:	Grado en el año 2019-20:gundo Nombre
Calle, Ciudad, Estado, Código Postal	
Teléfono de Casa:	Edad del Estudiante: Fecha de Nacimiento:
¿Reside usted dentro de los límites Sí/No (marque uno)	ain View Charter School Si/No (marque uno) del Distrito Escolar de Mountain View Whisman School District la escuela dentro del distrito a la cual su estudiante de otra
Nombre del padre o tutor legal:	
Appomicilio:	pellido, Primer Nombre, Segundo Nombre
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.

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

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!

Name: Z	N. T.		Grade in	2019-20:	! <del></del>
	rst, Middle		1	Oran ella	
3913	KINGUMIA 1	way	MU	94043	
Street	City, State Zip	<i>U</i>			
Home Phone: _	(GMD)9500725	Age:	Date of Bi	rth:	*
Resident of Mo If yes, please li:	Mountain View Charter untain View Whisman st the school within th ムノ いんら へんい	School Distric Bistrict your	:t?/Y/N (circle r,son/daughte	one)	itend:
Mamar			Gr	ide in 2019-20:	
Name: Last, F	irst, Middle				<del>- ,</del>
Home Address	:				
Street	City, State Zip				<del></del>
Home Phone:		Age:	Date of Bir	th:	
Current Bullis	Mountain View Charte ountain View Whisman ist the district school y	School Distri	ct? Y/N (circle	one)	
if yes, please li Parent/Legal G	iuardian Information:				
if yes, please li Parent/Legal G	iuardian Information:	cirlin	lnn	<b>^</b>	
if yes, please li Parent/Legal G Parent/Legal G	uardian Information:				
if yes, please li Parent/Legal G Parent/Legal G	uardian Information:				43
if yes, please li Parent/Legal G Parent/Legal G	uardian Information:				<u>42</u>
if yes, please li Parent/Legal G Parent/Legal G	uardian Information:				43 1.com

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

Date:

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

Signature of Parent/Legal Guardian:

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

Student Information:

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 reenrolling (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!

Street City	State Zin			94040	
Home Phone:	574-485-835	SbAge:	Date of Bir	th:	
Current Bullis Mo Resident of Moun If yes, please list	untain View Charter tain View Whisman the school within th	r School studen School District e District your	it? Y/N circle ?(Y)N (circle son/daughter	one) one) would otherwis	e attend:
Name:	t, Middle		Gra	de in 2019-20:	<u> </u>
Last, Firsi Home Address:	t, Middle				
Street Cit	y, State Zip		·· <del>···</del>	<u> </u>	
Home Phone:		Age:	_ Date of Birt	h:	
Resident of Mour	ountain View Charte Itain View Whisman the district school y Irdian Information:	School Distric	t? Y/N (circle	one)	<del></del>
Parent/Legal Gua	ırdian Name: ⊂.k				
Last, Firs	t, Middle	Mourtain	View, 9	4040	
Street Ci	Levin Ave. by, State Zip 574-485-835 650-238-88	6 Email:	luckysł	m@gmail	. com
1101110 1 1101101	L [ U = L4x - Yx.				

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

Proposition 39 Request: 2019-20 School Year

Intent to Re/Enroll Form

Signature of Parent/Legal Guardian: 🔄

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!

Name:	Grade in 2019-20: 2
Last, First, Middle	
Home Address: 2343 Craig	Ct. Mountain View 94049
Silect City, State Alp	The second secon
Home Phone: 8317088609	Age: Date of Birth:
Current Bullis Mountain View Charter Resident of Mountain View Whisman S If yes, please list the school within the	School student?_Y/forcircle one) School District(f)(f)(f) (circle one) District your son/daughter would otherwise attend:
Name:	Grade in 2019-20:
Last, First, Middle Home Address:	me manual)
2343 Crain	CE MV 94043
Street City, State Zip	
Home Phone: 87/ 7688809	Age: Date of Birth:
•	
Current Bullis Mountain View Charter	School student? Y/N (circle one)
Resident of Mountain View Whisman	ou would otherwise attend:
Parent/Legal Guardian Information:	
Parent/Legal Guardian Name:	· · Nort
STITUTE STATES TO STATES AND STAT	COL YUKUTOL
Last Einst Middle	ai David
Last Siret Middle	
Last Siret Middle	ais Ct, MV 94043  The Email: US@Thai-family.me

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:

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

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

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Name -	Grade in 2019-20:
Last, First, Middle	
Home Address: スケ() 子/	ay way, Mountain View, CA 9404-
Street City, State Zir	Way / House Mark / House
Home Phone: 62629	89413 Age: Date of Birth:
Resident of Mountain View	w Charter School student? Y/IS/circle one) Whisman School District? WN (circle one) I within the District your son/daughter would otherwise attend:
Name	Grade in 2019-20:
Last, First, Middle	Grade in 2019-20:
Home Address:	
Street City, State Zi	
·	a Data of Diaths
	Age: Date of Birth:
Current Bullis Mountain View	ew Charter School student? Y/N (circle one) Whisman School District? Y/N (circle one) It school you would otherwise attend:
Current Bullis Mountain Vic Resident of Mountain View If yes, please list the distric Parent/Legal Guardian Info	ew Charter School student? Y/N (circle one) Whisman School District? Y/N (circle one) It school you would otherwise attend: It school:
Current Bullis Mountain Vice Resident of Mountain View If yes, please list the district Parent/Legal Guardian Info	ew Charter School student? Y/N (circle one) Whisman School District? Y/N (circle one) ct school you would otherwise attend: mation:
Current Bullis Mountain Vice Resident of Mountain View If yes, please list the district Parent/Legal Guardian Info	ew Charter School student? Y/N (circle one) Whisman School District? Y/N (circle one) ct school you would otherwise attend: mation:
Current Bullis Mountain Vice Resident of Mountain View If yes, please list the district Parent/Legal Guardian Info	ew Charter School student? Y/N (circle one) Whisman School District? Y/N (circle one) et school you would otherwise attend: rmation:

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Signature of Parent/Legal Guardian:

IMPORTANTII Return by September 28, 2018 in person, by mail, or by fax to:

Output

Date: 8/30/2018.

102 W. Portola Ave, Los Altos,

CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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

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Name:	st, First, Middle		Grade in 2019-20:
Home Addi	rest City, State Zip	Yraind	Way
Str	eet City, State Zip	7	
Home Pho	ne: 650 45871	7//) Age:	Date of Birth:
Resident o	illis Mountain View Char f Mountain View Whism se list the school within	aπ School Distri	ent? Y/B/circle one) ict?[//N (circle one) ir son/daughter would otherwise attend: -
Name:			Grade in 2019-20:
La	ıst, First, Middle		
Home Add	ress:		
St	reet City, State Zip		
Home Pho	ne:	Age:	Date of Birth:
Resident of	ullis Mountain View Cha of Mountain View Whism use list the district schoo gal Guardian Information	ian School Disti ol you would ot	lent? Y/N (circle one) rict? Y/N (circle one) herwise attend:
inger .	nal-Guardian Name:	<	Mark
Parent/Le		Janny	Jart
1 1 .	ast, First, Middle iress: 350 6	_	
1 1 .	aet Firet Middle	_	Nay Hountain VTOW Sanny yard a gmail. 4

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Proposition 39 Request: 2019-20 School Year

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Name:		P	Grade in	2019-20:
Last, F	irst, Middle			
Home Address	8 Bay It	Munto	inview,	CA
Street	City, State Zip		_	
Home Phone:	6503355	578 Age:	Date of Bi	rth:
Resident of Mo	Mountain View Char ountain View Whism ist the school withir	ian School Disti	ict?(Y/N (circle	e one) one) would otherwise atten
Name:			Gra	de in 2019-20:
Last, F	irst, Middle			
Home Address	<b>;:</b>			•
Chant	City, State Zip			
. 20.060	City, State Zip			
Home Phone:		Age:	Date of Bir	th:
Resident of Mo if yes, please I Parent/Legal C	Suardian Information	nan School Dist ol you would ot n:	rict? Y/N (circle herwise attend:	one)
Parent/Legal C	Buardian Name:	Li Ten	ŝ	
	First, Middle	Mbr	h sr i	
Last, I Home Address	8:838 Bay	st view	74041	
Last, I Home Address	s: 838 Bay t City, State Zip	St View	74041	

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Signature of Parent/Legal Guardian: Date: 5/3/2018 | Date: 102 W. Portola Ave. Los Altos. CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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Name:	Grade in 2019-20:
Last, First, Midd	dle
Home Address:	7 Ave, Mountain View CA 94040
Street Oity, Stat	te Zin
0, 1-	267.0219
Home Phone:	757097/7Age: Date of Birth:
	an .
	n View Charter School student? VN (circle one) View Whisman School District? VN (circle one)
If yes, please list the so	chool within the District your son/daughter would otherwise attend:
- Huff	· · · · · · · · · · · · · · · · · · ·
(,,,,)	
Name:	Grade in 2019-20:
Last, First, Midd	die
Home Address:	
	• .
Street City, Stat	te Zip
1	
-	Age: Date of Birth:
Home Phone:	Age: Date of Birth:
Home Phone:	in View Charter School student? Y/N (circle one)
Home Phone:  Current Bullis Mountain Resident of Mountain V	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one)
Home Phone:  Current Bullis Mountain Resident of Mountain V If yes, please list the di	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one) istrict school you would otherwise attend:
Home Phone:  Current Bullis Mountain Resident of Mountain V If yes, please list the di Parent/Legal Guardian	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one) istrict school you would otherwise attend: Information:
Home Phone:  Current Bullis Mountain Resident of Mountain V If yes, please list the di Parent/Legal Guardian  Parent/Legal Guardian	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one) istrict school you would otherwise attend: Information:
Home Phone:  Current Bullis Mountain Resident of Mountain V If yes, please list the di Parent/Legal Guardian  Parent/Legal Guardian	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one) istrict school you would otherwise attend: Information:
Home Phone:  Current Bullis Mountain Resident of Mountain Viftyes, please list the di Parent/Legal Guardian  Parent/Legal Guardian  Parent/Legal Guardian	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one) istrict school you would otherwise attend: Information:  Name:
Home Phone:  Current Bullis Mountain Resident of Mountain Viftyes, please list the di Parent/Legal Guardian  Parent/Legal Guardian  Parent/Legal Guardian	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one) istrict school you would otherwise attend: Information:  Name:
Home Phone:  Current Bullis Mountain Resident of Mountain Viftyes, please list the di Parent/Legal Guardian  Parent/Legal Guardian  Parent/Legal Guardian	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one) istrict school you would otherwise attend: Information:  Name:
Home Phone:  Current Bullis Mountain Resident of Mountain Viftyes, please list the di Parent/Legal Guardian  Parent/Legal Guardian  Parent/Legal Guardian	in View Charter School student? Y/N (circle one) View Whisman School District? Y/N (circle one) istrict school you would otherwise attend: Information:

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.

Proposition 39 Request: 2019-20 School Year

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

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Name:		Grade in 2019-20:
Last, First, N	Middle	
Home Address: 545 Front 4	Lane Mountain Vie	W CA 94041
STAAT CRV.	Sinie Zin	
Home Phone: 408	8)805-0309 Age:	Date of Birth:
Resident of Mounta if yes, please list the	ntain View Charter School studin View Whisman School District yo school within the District yo Clementary School	rict? ŷ/N (circle one) ur son/daughter would otherwise attend
Name:		Grade in 2019-20:
	Middle	Grade in 2019-20:
Home Address:		
Street City,	State Zip	
Home Phone:	. Ana	Date of Birth:
Tionio i none:		
	ntain View Charter School stud In View Whisman School Dist	
	ie dizilici zchodi aon monin or	nerwise attend:
		herwise attend:
if yes, please list the Parent/Legal Guard	lian Information:	
If yes, please list the Parent/Legal Guard Parent/Legal Guard Togasak 1 det First	lian Information:  lian Name:  Nadja Ge  Middle	
If yes, please list the Parent/Legal Guard Parent/Legal Guard Togasak 1 det First	lian Information:  lian Name:  Nadja Ge  Middle	
If yes, please list the Parent/Legal Guard Parent/Legal Guard Togasak 1 det First	lian Information:  lian Name:  Nadja Ge  Middle	

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Signature of Parent/Legal Guardian: Date: 8/3 °/ (8
IMPORTANTI! Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos.

CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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

Student Information:

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Last, First, Middle  Home Phone:  Current Bullis Mountain View Charter School Student? YN (circle one) Resident of Mountain View Whisman School District? YN (circle one) If yes, please list the school within the District your sen/daughter would otherwise attend:  Last, First, Middle  Home Phone:  Street City, State Zip  Home Phone:  Age:  Date of Birth:  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:  Last, First, Middle  Home Address:  Street City, State Zip  Home Phone:  Street City, State Zip  Home Phone:  Email:  And And Trinh and Amail Trinh and Amail And Trinh and Amail Ama	Name: Grade in 2019-	20:
Home Phone: Start 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:  Name: Grade in 2019-20:  Last, First, Middle Home Address:  Street City, State Zip  Home Phone: 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 Name:  TRIVITY AGAIN.	Last, First, Middle Home Address: 1040A California St Mountain Work Street City, State Zip	494041
Resident of Mountain View Whisman School District? YN (circle one)  If yes, please list the school within the District your sen/daughter would otherwise attend:    And Cols	Home Phone: <u>656 497   145 Age:</u>	
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:	Resident of Mountain View Whisman School District? Y/N (circle one) If yes, please list the school within the District your sen/daughter woul	d otherwise attend:
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:	Name: Grade in	2019-20:
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:	
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:	Street City, State Zip	
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:  TRINH HAI-ANH	Home Phone: Age: Date of Birth:	
TRINA HATI- ANA	Resident of Mountain View Whisman School District? Y/N (circle one) If yes, please list the district school you would otherwise attend:	1
Last, First, Middle  Home Address:  10404 (alifornia St. Nautain Vew, CA9404)  Street City, State Zip  Home Phone: 650 407 1145 Email: anh hai trình@dmail.com	Parent/Legal Guardian Name: +R /WH - HAI - ANH	
Home Phone: 650 497 1145 Email: anh hai trình@gmail.com	Last, First, Middle Home Address:  Street City, State Zip  Last, First, Middle  California St. Maustain	New, CA94041
		inh@gmail.com

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

Date:

Proposition 39 Request: 2019-20 School Year

Intent to Re/Enroll Form

Signature of Parent/Legal Guardian:

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

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 reenrolling (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!

	) <del>!</del>			
Name:			Grade in 2019-2	0:
Home Ag	ast, First, Middle	, - 	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	0.4.113
	Street City, State	Hace Ct.	TTU CA	94643
•				1
Home Pr	ione: <u>La L.</u>	590, /14 Age:	Date of Birth:	
Resident	of Mountain Vie ease list the scho	w Whisman School Dis	Ident? Y(N)circle one) trict(D)/N (circle one) our son/daughter would —	
Name:			Grade in 2	2019-20:
Home A	Last, First, Middle	)	· · · · · · · · · · · · · · · · · · ·	
	Street City, State	Zip		
Home Pi	none:	Age:	Date of Birth:	
Residen If yes, p	t of Mountain Vie	ew Whisman School Dis trict school you would c	udent? Y/N (circle one) strict? Y/N (circle one) otherwise attend:	
Parent/L	egal Guardian N	lame: Orhiz I	a Gladys	•
Home A	Last, First, Middle ddress:	tare ct. 1	TV CA 9' aiditac	1043
-				
	Street City, State	Zip	, 1	ì

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Signature of Parent/Legal Guardian:

iMPORTANT!! Return by September 26, 2018 in person, by mall, or by fax to: 102 W. Portola Ave. Los Altos.

CA 94022: 650-947-4989

Proposition 39 Request: 2019-20 School Year

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Student Informa	ation:			,	
Nam			Grade in 2019-20:		
Hom	Last, First, Middle e Address: $708$	stor et	: Mourtain	11,000	m
	Street City, State Zip	_		COT CA	44047
Hom	e Phone: 4,8-38	2 _(((Age:	Date of Birth:		
Resi	ent Bullis Mountain View Cl dent of Mountain View Whis s, please list the school with	sman School Distric	t1(V/N (circle one)	wise attend:	
Nam	e: Last, First, Middle	,	Grade in 2019-20	):	
Hon	e Address: Street City, State Zip				
Hom	e Phone:	Age:	Date of Birth:		
Resi	ent Bullis Mountain View Cl dent of Mountain View Whis s, please list the district sch nt/Legal Guardian Informati	sman School Distric	t? Y/N (circle one)		
Pare	nt/Legal Guardian Name:	Ali Bia	labadi		
Ноп	Last, First, Middle le Address: 70 8	Astor CI	t. Mourtain	View CA	9404
Hon	Street City, State Zip	82_[19 Email:	ali bidaba	di @ Yahoo	Com
Charter School for tunderstand that this under Proposition 39	am indicating that I am meaning ne 2019-20 school year. I under information will be disclosed to th b. Districts have been known to ca er any questions but may choose	stand that signing this lead Mountain View Whisn all parents directly to vere to confirm that I am me	Form does not guarantee enroll nan School District to support the ify their interest; I understand the aningfully interested in enrolling	ment in the Charter Scho e Charter School's reques at if the District does con my child(ren) at the Char	ool. I further et for facilities tact me, I am ter School.
	rent/Legal Guardian: Return by September 28		D	ate: Oct. 27 2 W. Portola Ave. L	/

CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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!

Name: Last, First	Middle		Grade in 201	
Home Address:	Middle  O 94 Nilda Ave  State Zip	Mountain	view, (A	94040
Street City	y, State Zip			
Home Phone:	510-926-9861	Age:	Date of Birth:	
If yes, please list	Bubb	District your	son/daughter wo	uld otherwise attend
Name:			Grade	in 2019-20:
Last, First Home Address:	t, Middle			
Street Cit	y, State Zip			
Home Phone:	<u> </u>	_Age:	Date of Birth:	
Current Bullis Mo	ountain View Charter ntain View Whisman	School Distric	:t? Y/N (circle or	ne) ie)
If yes, please list Parent/Legal Gua	ardian information:	·	11 H136 GILONA	
If yes, please list Parent/Legal Gua	the district school y ardian information: ardian Name:	·		
If yes, please list Parent/Legal Gua	ardian Information: ardian Name:	·		
If yes, please list Parent/Legal Gua Parent/Legal Gua Last, Firs Home Address:	ardian Information: ardian Name:	·		

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	Date:	2018-09-00	
Signature of Parent/Legal Guardian; IMPORTANT!! Return by September 28	, 2018 in perso	n, by mail, or	by fax to: <u>102 W</u> .	. Portola Ave. L	os Altos
• • •	CA 94022;	650-947-4989			

Proposition 39 Request: 2019-20 School Year

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

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Name:	Grade in 2019-20:
Last, First, Middle	•
Home Address: 500 W Middlefiel	ld Rd #6, Mountain View, CA 94043
Street City, State Zip	:
Home Phone: 51656773	384 Age: Date of Birth:
<b>Daridant of Mountain View V</b>	w Charter School student? Y/S/circle one) Whisman School District?(Y/N (circle one) I within the District your son/daughter would otherwise atten-
Name:	Grade in 2019-20:
Last, First, Middle	
Home Address:	
Street City, State Zip	0
	Age: Date of Birth:
1101110 1 110110.	
<del></del> : "	
Current Bullis Mountain Vie	ew Charter School student? Y/N (circle one) Whisman School District? Y/N (circle one)
Current Bullis Mountain Vie Resident of Mountain View If yes, please list the distric	Whisman School District? Y/N (circle one) ct school you would otherwise attend:
Current Builis Mountain Vie	Whisman School District? Y/N (circle one) ct school you would otherwise attend:
Current Bullis Mountain Vie Resident of Mountain View If yes, please list the district Parent/Legal Guardian Infor	Whisman School District? Y/N (circle one) ct school you would otherwise attend: rmation:
Current Builis Mountain Vie Resident of Mountain View If yes, please list the district Parent/Legal Guardian Infor Parent/Legal Guardian Nam Bautin, Mikhai	whisman School District? Y/N (circle one) ct school you would otherwise attend: crmation: ne: i   An dregerich
Current Builis Mountain Vie Resident of Mountain View If yes, please list the district Parent/Legal Guardian Infor Parent/Legal Guardian Nam Bautin, Mikhai	whisman School District? Y/N (circle one) ct school you would otherwise attend: crmation: ne: i   An dregerich
Current Builis Mountain Vie Resident of Mountain View If yes, please list the district Parent/Legal Guardian Infor Parent/Legal Guardian Nam Bautin, Mikhai	Whisman School District? Y/N (circle one) ct school you would otherwise attend: rmation:

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Name: Last, First, Middle	<u> </u>	Grade in 2019-20:	
	Flynn Av	e	
Street City, State Zip			
Home Phone:	Age:	Date of Birth:	<i>_</i>
Current Bullis Mountain View	r Charter School stude /hisman School Distric	ent? Y/8/circle one)	attend:
Name:		Grade in 2019-20:	
Last, First, Middle Home Address:			
Street City, State Zip			
Home Phone:	Age:	Date of Birth:	·
Parent/Legal Guardian Inform	Vhisman School Distri school you would oth nation:	ict? Y/N (circle one) lerwise attend:	
	6 101	Rout -	
ParenVLegai Guardian Name	" Lev 1	Clin For	
Last, First, Middle Home Address:	7 -1.	Ranfor levkeæler	kq.
Last, First, Middle Home Address:  Street City, State Zip		levkeæleu	ka.

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Signature of Parent/Legal Guardian:

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

Proposition 39 Request: 2019-20 School Year

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Name:	Grade in 2019-20:
Home A	Last, First, Middle Address: 198 Darya Court, Mountain View, C/3 94263
	Street City, State Zip
Home F	Phone: 20 187 1845 Age: Date of Birth.
Resider	t Bullis Mountain View Charter School student? Y/BZcircle one) nt of Mountain View Whisman School District?(Y/N (circle one) please list the school within the District your son/daughter would otherwise attend
Name:	Grade in 2019-20:
,	Last, First, Middle Address:
	Street City, State Zip
Home I	Phone:Age:Date of Birth:
Reside	nt Bullis Mountain View Charter School student? Y/N (circle one) ent of Mountain View Whisman School District? Y/N (circle one) please list the district school you would otherwise attend:
	and the second s
Parent	Hui Em
Parent Home	Last, First, Middle  Address: 198 Davya Court, Mountain View
Parent Home	Last, First, Middle  Address: 198 Davya Court, Mourtain View  Street City, State Zip  Phone: 201-87-5865 Email: Mi Zhustoyaho . Com

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Name		G	irade in 20	19-20:	
			,, aao	.0	
Home Address:	ladio she	Mory	7 has 1	jew	CA9454
Street City, State Zip	7				
Last, First, Middle Home Address:    25   5    Street City, State Zip   Home Phone:   5  5  5	<u> </u>	D	ate of Birth	ı:	
Current Bullis Mountain View Resident of Mountain View Wi If yes, please list the school w	Cnarter School s	student X Y. District X Y/N	i (circle o	ne) 18)	
		<del></del>			
Name:Last, First, Middle			Grade	in 2019-	20:
Last, First, Middle					
Home Address:					
Street City, State Zlp				· · · · · · · · · · · · · · · · · · ·	
Home Phone:	Age: _	Da	te of Birth		
Current Bullis Mountain View Resident of Mountain View Wif yes, please list the district searcht/Legal Guardian Inform	r Charter School /hisman School I school you would nation:	student? Y District? Y/I d otherwise	//N (circle on the circle of t	one) ne)	
Current Bullis Mountain View Resident of Mountain View W If yes, please list the district s	r Charter School /hisman School I school you would nation:	student? Y District? Y/I d otherwise	//N (circle on the circle of t	one) ne)	
Current Builis Mountain View Resident of Mountain View Wif yes, please list the district se Parent/Legal Guardian Information Parent/Legal Guardian Name:  Last, First, Middle Home Address:	Charter School /hisman School I school you would nation:	student? Y District? Y/I d otherwise	//N (circle on the circle of t	one) ne)	
Current Builis Mountain View Resident of Mountain View W if yes, please list the district s Parent/Legal Guardian Inform Parent/Legal Guardian Name:  Last, First, Middle Home Address:	Charter School /hisman School I school you would nation:	student? Y District? Y/I d otherwise	//N (circle on the circle of t	one) ne)	
Current Builis Mountain View Resident of Mountain View W if yes, please list the district s Parent/Legal Guardian Inform Parent/Legal Guardian Name:  Last, First, Middle	Charter School /hisman School I school you would nation:	student? Y/ld otherwise	//N (circle of attend:	one) ne)	

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Signature of Parent/Legal Guardian: Date: 9/29/8
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GA 94022; 650-947-4989

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Name:		Grade in 2019-20:
Last, Firs	st, Middle	•
Home Address:	222 ESCUELA AVENUE, 1	APT 172, CA 94040
	ty, State Zip	
Home Phone:	650 2846242 Age:	Date of Birth:
Resident of Mou If ves. please lis	ountain View Charter School stud ntain View Whisman School Distr the school within the District you	·ict?(Y)N¯ (circle one) ur son/daughter would otherwise attend
· MALLA	NO CASTRO	
Mamat		Grade in 2019-20:
Last. Fir	st, Middle	Grade in 2019-20:
Home Address:	•	
Street C	ity, State Zip	•
Home Phone:	Age:	Date of Birth:
Resident of Mou	ardian Information:	dent? Y/N (circle one) rict? Y/N (circle one) herwise attend:
Parent/Lenal Gi	ardian Name!	
Parent/Legal Gu	ardian Name: Roops HA	
Last, Fi	st, Middle	
Last, Fi	st, Middle	CA 94040
Home Address:	St. Middle  WEUA AVE APTIFL  Sty State Zin	CA 94040 roopsha@gmail.com

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Signature of Parent/Legal Guardian: Date: 10/3/18
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Last, First, Middle Home Address:  25(1) ALVIN St QQQQQ  Street City, State Zip  Home Phone:  223 - 40(4) Age:  Date of Birth:  Current Buills 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:  Last, First, Middle  Home Address:  Street City, State Zip  Home Phone:  Current Bullis Mountain View Charter School student? Y(N) (circle one) Resident of Mountain View Whisman School District? 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 Name:  Last, First, Middle  Home Address:  2516 ALVIN St CA QQQQ  Street City, State Zip  Home Phone:  273 - 4014 Email:  Q Choe (C) MMA(C)	Name:		Grade i	n 2019-20:
Street City, State Zip  Home Phone: 223-40/4 Age: Date of Birth:  Current Bullis Mountain View Charter School student? Yill (circle one) Resident of Mountain View Whisman School District? Yill (circle one) If yes, please list the school within the District your son/daughter would otherwise attend:  Name:  Last, First, Middle Home Address:  Street City, State Zip  Home Phone: 22 - 40 14 Age: Date of Birth:  Current Bullis Mountain View Charter School student? Yill (circle one) Resident of Mountain View Whisman School District? Yill (circle one) If yes, please list the district school you would otherwise attend:  Parent/Legal Guardian Name:  Last, First, Middle Home Address: 25 14 Alvin St. CA 9443  Street City, State Zip		First, Middle	000	RIALA
Home Phone: 223-4044 Age: Date of Birth:  Current Bullis Mountain View Charter School student? Y(I) (circle one) Resident of Mountain View Whisman School District? I/N (circle one) If yes, please list the school within the District your son/daughter would otherwise attend:  Name:  Last, First, Middle Home Address:  Street City, State Zip  Home Phone: 273-4044 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 Name:  Last, First, Middle Home Address: 2514 AUI n St. CA 9493  Street City, State Zip  Street City, State Zip		" 2519 ALVI	n St CA	- 97043
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:  Last, First, Middle Home Address:  Street City, State Zip  Home Phone:  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  Street City, State Zip	Stre	t City, State Zip		
Resident of Mountain View Whisman School District? V/N (circle one) if yes, please list the school within the District your son/daughter would otherwise attend:    Name:	Home Phone	223-4014 A	ge: Date of	Birth:
Name:  Last, First, Middle Home Address:  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 Name:  Last, First, Middle Home Address:  Street City, State Zip  Last, First, Middle Home Address:  Street City, State Zip	Current Bull	Mountain View Charter Sch	ool student? Y/N (cir	cle one)
Name:  Last, First, Middle Home Address:  Street City, State Zip  Home Phone:  27 - 40   4 Age:  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:  25   4 Alvin St. C.A. 94993  Street City, State Zip	Resident of	ountain View Whisman School within the Div	ool District?(Y/N (circ	ele one) er would otherwise attend:
Name:  Last, First, Middle Home Address:  Street City, State Zip  Home Phone:  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 Name:  Last, First, Middle Home Address:  Street City, State Zip  Grade in 2019-20:  A 4 4 3  Street City, State Zip  Grade in 2019-20:  A 4 4 3  Street City, State Zip  Grade in 2019-20:  A 4 4 3  Street City, State Zip  Grade in 2019-20:  A 4 4 3  Street City, State Zip				ewe as wears was easy to be a substitute of the second
Last, First, Middle Home Address:  Street City, State Zip  Home Phone:  27 - 40   4 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 Name:  Parent/Legal Guardian Name:  Last, First, Middle Home Address:  Street City, State Zip  ALVIN St. ARRENT AGRAGA  AGRAGA  AGRAGA  AGRAGA  AGRAGA  AGRAGA  AGRAGA  AGRAGA  AGRAGA  Street City, State Zip				
Street City, State Zip  Home Phone: 27 3 - 40 14 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 Name:			G	irade in 2019-20:
Street City, State Zip  Home Phone: 27 3 - 40 14 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 Name:			00 00	20.10
Home Phone: 27 3 - 40 14 Age: Date of Birth:	Home Addr	519 ALV 12	74. CV	94843
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	Stre	t City, State Zip		
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 Phon	227-40 14 AC	ie: <b>E</b> Date of E	Sirth:
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:  25/4 ALVIN St. CA 94943  Street City, State Zip				
If yes, please list the district school you would otherwise attend:  Parent/Legal Guardian Information:  Parent/Legal Guardian Name:  Last, First, Middle  Home Address:  25/4 ALVIN ST. CA 94943  Street City, State Zip	Current Bul Resident of	3 Mountain View Charter Sch Mountain View Whisman Sch	nool student? Y/N (Cil nool District? Y/N (cire	cie one)
Last, First, Middle Home Address: 25/4 ALVIN ST, CA 94843 Street City, State Zip	If yes, pleas	list the district school you v	would otherwise atten	d:
Last, First, Middle Home Address: 2518 ALVIN St., CA 94843 Street City, State Zip	Parent/Lega	Guardian Information:		
Street City, State Zip	Parent/Lega	Guardian Name:	16 Schoe	Il Apollmare
Street City, State Zip				11110
	Home Addr	5 2519 ALVII	n St. CN	94843
ma lall - " a a cha a ( fold mail				
Home Phone: とんく ケッペリ Email: バンノンバクセントバタ ほんかんじ	Home Phor	. 277 - 4014	Email: ACC	roellow amail.

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Name:			Grade in 2019-20:
Last, Fi	rst, Middle		•
Home Address: 2139	MITKEN	AVENUE	MOUNTAN VIEW, CA
Street	Jity, State Zip		
Home Phone: 4	408-598-7	765 Age:	Date of Birth:
Resident of Mo If yes, please li	untain View Whism	nan School Dist n the District yo	dent? Y/8 circle one) rict? V/N (circle one) our son/daughter would otherwise attend: —
Name:			Grade in 2019-20:
Last, F Home Address	irst, Middle		
Street	City, State Zip		
Home Phone:		Age:	Date of Birth:
Resident of Mo If yes, please if Parent/Legal G	ountain View Whisn ist the district scho luardian Informatio	nan School Dist ool you would of on:	ident? Y/N (circle one) trict? Y/N (circle one) therwise attend:
Parent/Legal G	uardian Name: Si	HUKLA:	SRADDHA
coo, i	nog middio		BOVE
Home Address			
	City, State Zip		

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Last, First, Middle  Home Address:  274 Loreto CT Mountain View of Birth:  Current Bullis Mountain View Charter School student? Y/8 (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  Last, First, Middle  Home Address:  Grade in 2019-20:  Grade in 2019-20:	
Home Address: 274 Loreto ST Mountain VIEW CA 940 Street City, State Zip  Home Phone: 650 3(4 3654 Age: Date of Birth:  Current Bullis Mountain View Charter School student? Y/8 (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	
Home Phone: 650 3 14 3 954 Age: Date of Birth:	
Current Bullis Mountain View Charter School student? Y/® (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  LANDELS  Name:  Last, First, Middle	attend:
Resident of Mountain View Whisman School District?グ/N (circle one) If yes, please list the school within the District your son/daughter would otherwise  LANDELS  Name:  Last, First, Middle	attend:
Name:  Last, First, Middle	attend:
Name: Grade in 2019-20:	
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:  CLAY  Last, First, Middle	
1	
Home Address: 274 LORGTO ST WOUNTERN VIEW	CA.
Home Address: 274 LORGTO ST MOUNTAIN VIEW  Street City, State Zip  Home Phone: 650 3143854 Email: CESEYMOUR @ 6	, ca

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:	1300	Date: 9 < ((<   \$\frac{1}{2}\$
Signature of Parent/Legal Guardian:	2015 in person, by mail, or by	fax to: 102 W. Portola Ave, Los Altos
-	CA 94022; 650-947-4989	

Proposition 39 Request: 2019-20 School Year

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 reenrolling (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!

ent In <u>forma</u>	tion:				
Name			Grade in 2019	9-20: ••••	
į	Last, First, Middle	<u> </u>			
Hom	Address: 306 Wild Howe	/ Park Ln. M	ountain View,	CA 94043	
i	Street City, State Zip				_
Hom	e Phone: 415.994	- 4979 Age:	Date of Birth:		-
Resid	ent Bullis Mountain View dent of Mountain View W s, please list the school w Mewer Lew Elev	Vhisman School Distr within the District yo	rict?(Y/N (circle one)		
	·	)			
Name	e: Last, First, Middle		Grade in	2019-20:	
Ham	Last, First, Middle e Address:				
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	Street City, State Zip			- ****	
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Pare	nt/Legal Guardian Name	ristina.			
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ŀ	Street City, State Zip	,		. 0 . 4	
Hom	e Phone: 415-994-	-4979 Email: (	Junistina, M.V	NOBUGMUI.	um
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ning below, I a	am indicating that I am mear se 2019-20 school year. I ur	ningfully interested in [re	-enrolling/enrolling] the a	above named child(ren)	in Buills Moun
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Proposition 39	. Districts have been known t er any questions but may cho	to call parents directly to	verify their interest; I und	erstand that if the Distric	t does contact
juired to answ	er any questions but may cho	ose to dodfirm that I am	meaningfully interested in	n enrolling my child(ren)	at the Charter
ature of Da	rent/Legal Guardian: .	VI		Date: 9 191	18 7
	Return by September		hymail or hyday		
71/1 WIZ 111	izemin nă gehfeitingi	CA 94022: 6		C.O. HUZ WY PORTOR	AVE, LOS

Proposition 39 Request: 2019-20 School Year Intent to Re/Enroll Form

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 reenrolling (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!

Name:	Grade in 2019-20:
Last, First, Middle	
Home Address:	an Rol, Mountain Vieco,
SHEEL GILV. SHALE Z	
Home Phone: 949-23	7-4554 Age: Date of Birth:
Current Bullis Mountain V	/iew Charter School student? Y(D)(circle one)
Resident of Mountain View	w Whisman School District (YYN) (circle one)  ool within the District your son/daughter would otherwise attend
11 Jes, picase nat the cone	
Name:Last, First, Middle	Grade in 2019-20:
Last, First, Middle Home Address:	
nome Address:	
<u> </u>	
Street City, State 2	Zip
•	Zip Age: Date of Birth:
Home Phone:	Age: Date of Birth:
Home Phone:	Age: Date of Birth: View Charter School student? Y/N (circle one)
Home Phone:  Current Bulls Mountain Versident of Mountain Viet If yes, please list the distr	Age: Date of Birth: View Charter School student? Y/N (circle one) www.Whisman School District? Y/N (circle one) rict school you would otherwise attend:
Home Phone:  Current Bullis Mountain View Resident of Mountain View If yes, please list the distributed and Countain Information Parent/Legal Guardian Information Principles (Parent/Legal Guardian Information)	Age: Date of Birth: View Charter School student? Y/N (circle one) w Whisman School District? Y/N (circle one) rict school you would otherwise attend: formation:
Home Phone:  Current Bullis Mountain V Resident of Mountain Viet If yes, please list the distr Parent/Legal Guardian Inf	Age: Date of Birth: View Charter School student? Y/N (circle one) www.Whisman School District? Y/N (circle one) rict school you would otherwise attend: formation:
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Signature of Parent/Legal Guardian: Phonos Date: 10 7120181 IMPORTANTII Return by September 28, 2018 in person, by mail, or by fax to: 102 W. Portola Ave. Los Altos CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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!

Vame:			Grade in 2019-20:	
lome Address:	st, Middle	St. Mor	inter View, CA	94043
Street C lome Phone:	City, State Zip 405-316-9	1720 Age:	Date of Birth:	
tesident of Mot yes, please lis	untain View Whis It the school with	man School Dist	dent? Y/\$\forcle one) rict? YN (circle one) ur son/daughter would other -	wise attend:
lame:			Grade in 2019-2	0:
Last, Fi	rst, Middle			
Street 0	City, State Zip		· · · · · · · · · · · · · · · · · · ·	
		Age:	Date of Birth:	·
Home Phone: _				
Current Builis I Resident of Mo f yes, please II: Parent/Legal G	Mountain View Cl untain View Whis st the district sch uardian Informat	harter School stu sman School Dist nool you would o ion:	dent? Y/N (circle one) irict? Y/N (circle one) therwise attend:	
Current Bullis I Resident of Mo f yes, please li Parent/Legal G Parent/Legal G Last, F Home Address	Mountain View Cl untain View Whis st the district sch uardian Informat uardian Name:	harter School stusman School Distriction:	dent? Y/N (circle one) trict? Y/N (circle one)	· · · · · · · · · · · · · · · · · · ·

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:

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

Proposition 39 Request: 2019-20 School Year

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 reenrolling (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!

Last, First, Middle  Home Address:  Street City, State Zip  Home Phone: 202-371-33-9 Age: Date of Birth:  Current Builis Mountain View Charter School student? YN Circle one)  Resident of Mountain View Whisman School District? YN (circle one)	_
Home Phone: 202-321-33-1 Age: Date of Birth.  Current Bullis Mountain View Charter School student? YN (circle one)  Resident of Mountain View Whisman School District? YN (circle one)	
Current Bullis Mountain View Charter School student? Y(N)(clrcle one)  Resident of Mountain View Whisman School District? (7/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:	<u>-</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 district school you would otherwise attend: Parent/Legal Guardian Information:	<b></b> -
Parent/Legal Guardian Name:	
Last, First, Middle Home Address:  (94 Cher hank Ct. M. Uhn CA 94043	_
Parent/Legal Guardian Name:  (a) Son Timolh, Tancis  Last, First, Middle  Home Address:  Street City, State Zip  Home Phone: 202-321-3307 Email: Calsating Kalon.Com	<u>~</u>
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IMPORTANTI! Return by October 26, 2018 in person, by mail, or by fax to: 102 W. Portola Ave.

94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

Intent to Re/Enroll Form

Signature of Parent/Legal Guardian:

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!

Name:	Grade in 2019-20:	
Last, First, Middle	•	
Home Address: 164 Holland Cl	r, Mountain View, CA, 94040	
Street City, State Zip	· ·	
Street City, State Zip  Home Phone: 412-425-2925 Age: Date of Birth:		
Resident of Mountain View V If yes, please list the school	w Charter School student? Y/ISCcIrcle one) Whisman School District O/N (circle one) within the District your son/daughter would otherwise attend	
Name -	Grade in 2019-20:	
Name:	Grade in 2019-20:	
Home Address:		
Street City, State Zip		
,	Age: Date of Birth:	
Owners to the Manustain View	A Cligitat action structure the (circia one)	
Current Bullis Mountain View	Whisman School District? Y/N (circle one)	
Resident of Mountain View V	Whisman School District? Y/N (circle one)	
Resident of Mountain View \{\) If yes, please list the district	Whisman School District? Y/N  (circle one) t school you would otherwise attend:	
Resident of Mountain View V If yes, please list the district Parent/Legal Guardian Infor	Whisman School District? Y/N (circle one) t school you would otherwise attend: mation:	
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Resident of Mountain View of yes, please list the district Parent/Legal Guardian Information Parent/Legal Guardian Name Last First Middle	Whisman School District? Y/N (circle one) t school you would otherwise attend: mation:	

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Signature of Parent/Legal Guardian:

IMPORTANT!! Return by September 28, 2018 in person, by mail, or by fax to:

Oute: 9/19/2018

Date: 9/19/2018

CA.94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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

Student

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!

lame:		er en grand i de la la la la la la grand et e grand		Grade in 2019-20:
Last, I	First, Middle			<del></del>
iome Addres	5. 2640	Miller	Avedue,	Moustain View, 94040
Street	t City, State 2	Zip	-	· · · · · · · · · · · · · · · · · · ·
Home Phone:	415-90	18-6665	Age:	Date of Birth:
Resident of M	lountain Vie	w Whisman So	:hool District?	Y/BZcircle one)
Name:				Grade in 2019-20:
Last,	First, Middle			
Home Addres	is:			
Stree	t City, State	Zip		-
	<b>:</b>		Age:	Date of Birth:
mome Prione:				
Current Builis Resident of N If yes, please Parent/Legal	flountain Vie list the dist Guardian In	w Whisman So rict school you formation:	chool District? u would otherw	Y/N (circle one) Y/N (circle one) ise attend:  SCAR G GUSTAVO
Current Bullis Resident of N If yes, please Parent/Legal	flountain Vie list the dist Guardian In	w Whisman Sorict school you formation:	chool District? u would otherw	Y/N (circle one)
Current Bullis Resident of N If yes, please Parent/Legal Parent/Legal Last,	fountain Vie list the dist Guardian In Guardian N First, Middle	w Whisman Sorict school you formation:	chool District? u would otherw cates, O	Y/N (circle one) ise attend:  SCAR, Gustavo
Current Bullis Resident of N If yes, please Parent/Legal Parent/Legal Last, Home Address	fountain Viel list the dist Guardian In Guardian N First, Middle  55: 26/0 at City, State	w Whisman Scrict school you formation:  ame: Ceru  MILLER Zip	chool District? u would otherw adtes, Oc	Y/N (circle one) ise attend:  SCAR, Gustavo  L Hourtain View, 94040
Current Bullis Resident of N If yes, please Parent/Legal Parent/Legal Last, Home Address	fountain Viel list the dist Guardian In Guardian N First, Middle  55: 26/0 at City, State	w Whisman Scrict school you formation:  ame: Ceru  MILLER Zip	chool District? u would otherw adtes, Oc	Y/N (circle one) ise attend:  SCAR, Gustavo

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Signature of Parent/Legal Guardian: Mr. Com. Date: 7-8-8018

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

Proposition 39 Request: 2019-20 School Year

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

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Name:  Last, First, Middle  Home Address:  747 CARMEUM DL N  Street City, State Zip	P Grade in 2019-20:
Home Address: 247 CARMELIA DL N	NOUNTHIN VIEW (A GLOGIO
Street City, State Zip	NOUSVITHE WILLIAM CASE CHICKEY
Street City, State Zip	
Home Phone: 650-450-6703 Age:	Date of Birth:
Current Bullis Mountain View Charter School stude Resident of Mountain View Whisman School District If yes, please list the school within the District your HUFF	xt Y/N (circle one)
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 stude Resident of Mountain View Whisman School District If yes, please list the district school you would othe Parent/Legal Guardian Information:	ct? Y/N(circle one)
Parent/Legal Guardian Name:  5704, KATHERING DIANE	
Last, First, Middle	
Home Address: 242 CALMEUTA DRIVE, MOUNT	NN VIEW CA GLOCIO
Street City, State Zip	
Home Phone: 650-450,6703Email:	LATIEANOLUINI P. GMAIL.

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 mall, or by fax to: 102 W. Portola Ave. Los Altos.

CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

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

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Name:	Grade in 2019-20:
Last, First, Middle	01000 111 2010
Home Address:	
	ALDERON AVENUE
Street City, State	
Home Phone: <u>U(576</u>	96511 Age: Date of Birth:
Resident of Mountain Vie	View Charter School student? Y/B circle one) ew Whisman School District? WN (circle one) lool within the District your son/daughter would otherwise attend:
Name:	Grade in 2019-20:
Last, First, Middle	Grade in 2019-20:
Home Address:	
Street City, State	7in
Street City, State	Ζίρ
Home Phone:	Age: Date of Birth:
	View Charter School student? Y/N (circle one) ew Whisman School District? Y/N (circle one)
	lame:
If yes, please list the dist Parent/Legal Guardian In	lame:  BUONOICO ANNA
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If yes, please list the dist Parent/Legal Guardian In Parent/Legal Guardian N Last, First, Middle	nformation:  lame:  BUONOICO ANNA  e  SAIGE
If yes, please list the dist Parent/Legal Guardian In Parent/Legal Guardian N Last, First, Middle Home Address:	nformation:  lame:  BUONDICO ANNA  e  SAIG

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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

Proposition 39 Request: 2019-20 School Year

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Student li	nformation:
	Name: Grade in 2019-20:
	Last, First, Middle Home Address: 242 OKeefe Way Mountain Vrow 94041 Street City State Zin
	Street City, State Zip
	Home Phone: (050-919-3980 Age: Date of Birth:
	Current Bullis Mountain View Charter School student? Y/N (circle one) Resident of Mountain View Whisman School District? YN (circle one) If yes, please list the school within the District your son/daughter would otherwise attend:
	Name:Grade In 2019-20:
	Home Address: 242 Okcete Way, Mountain Viery 9404
	Street City, State Zip  Home Phone: 650-919-398 (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: Buren Melissa
	Last, First, Middle  Home Address:  242 OKeefe Way Mountain Vian 9404  Street City, State Zip  Home Phone: 650 919-3980 Email: McGSSa. buren@gmail.Com
	Street City, State Zip
	Home Phone: 650 919-3186 Email: 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 oboose to confirm that I am meaningfully interested in enrolling my child(ren) at the Charter School.

Signature of Parent/Legal Guardian: John Date: 9/8/20/8
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

Proposition 39 Request: 2019-20 School Year

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Name:	Scaunce st, First, Middle	Gros (	Lby	Grade in 2	2019-20:	
	ress:	= Orive	Mar	tain vice	, CA 9400	41
St	reet City, State Zip ne: <u> </u>		-		1 marchine	
Current Bu	ullis Mountain Vie of Mountain View t use list the school	w Charter Scl Whisman Sch	hool stude	nt? Y/ <b>%</b> /circle	one)	attend:
Name:		,		Gra	de in 2019-20:	
La Home Add	ast, First, Middle					
S	treet City, State Zip	)			And the second second second second second	
Home Pho	one:	A	ge:	Date of Bird	h:	
Current B Resident of If yes, plea	one: ullis Mountain View of Mountain View ase list the distric gal Guardian Info	ew Charter Sc Whisman Scl t school you	hool stud	ent? Y/N (circle	one)	
Current B Resident of If yes, plea Parent/Les	ullis Mountain Vie of Mountain View ase list the distric gal Guardian Info	ew Charter Sc Whisman Scl t school you rmation:	hool stud hool Distri would oth	ent? Y/N (circle ct? Y/N (circle erwise attend:	e one) one)	
Current Be Resident of If yes, plea Parent/Les	ullis Mountain Vie of Mountain View ase list the distric gal Guardian Info	ew Charter Sc Whisman Scl t school you rmation:	hool stud hool Distri would oth	ent? Y/N (circle ct? Y/N (circle erwise attend:	e one) one)	
Current Be Resident of If yes, plea Parent/Les	ullis Mountain Vie of Mountain View ase list the distric	ew Charter Sc Whisman Scl t school you rmation:	hool stud hool Distri would oth	ent? Y/N (circle ct? Y/N (circle erwise attend:	e one) one)	

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.

Proposition 39 Request: 2019-20 School Year

# Buills 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!

Name:		Grade in 2019-20:
Last, First, Midd	le	
Home Address:	TRE ST CA	94041
Street City, Stat	e Zip	
Home Phone: 45.	<u>583-9078</u> Age:	Date of Birth:
Resident of Mountain V	n View Charter School stud Tiew Whisman School District you	lent?_Y/©circle one) ict?ⓒN_(circle one) ur son/daughter would otherwise attend;
LANDELS	)	
Name:		Grade in 2019-20:
Last, First, Midd	ile	Grade in 2019-20:
Home Address:	11	
Street City, Stat	te Zip 🕜	
Home Phone:	Age:	Date of Birth:
Current Bullis Mountain	n View Charter School stud	dent? Y/N (circle one)
	/iew Whisman School Distr	rict? Y/N (circle one)
Resident of Mountain V	strict school you would ou	nerwise allend:
Resident of Mountain V If yes, please list the di Parent/Legal Guardian	Information:	
If yes, please list the di Parent/Legal Guardian	Information:	
If yes, please list the di Parent/Legal Guardian Parent/Legal Guardian	Information: Name: POTER (5A)	RCIA VIRGINIA
If yes, please list the di Parent/Legal Guardian Parent/Legal Guardian	Information: Name: POTER (5A)	RCIA VIRGINIA
Parent/Legal Guardian Parent/Legal Guardian  Parent/Legal Guardian  Last, First, Midd Home Address:	Information:  Name: POTER (A)  dle  CENTRE (S)	

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 expelling my child(ren) at the Charter School.

Proposition 39 Request: 2019-20 School Year

#### 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:

Student Information:

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 reenrolling (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!

	708 00 00 Age:	Date of Birth:
Resident of Mountain Vi	View Charter School stu lew Whisman School Dist hool within the District yo	ident? YM circle one) trict(Y)N (circle one) our son/daughter would otherwise attend: —
Name:		Grade in 2019-20:
Last, First, Middl Home Address:	le	
Street City, State	e Zip	
Home Phone:	Age:	Date of Birth:
Resident of Mountain Vi If yes, please list the dis Parent/Legal Guardian I	Information:	trict? Y/N (circle one) therwise attend:
Last, First, Midd	Chiquita Ave	Joseph C Mantan View Ct 94041 joe. bielecki egmail.com
Pome Address: 2.15		

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

Proposition 39 Request: 2019-20 School Year

Intent to Re/Enroll Form

Signature of Parent/Legal Guardian:

#### 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 reenrolling (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!

Name: Beats Sperra Grade in 2019-20:  Last, First, Middle  Home Address:  7 Suffer Creek Ln, Mannforn View, (A 94043  Street City, State Zip	
Home Address: Creek Ln. Mountain View (A 94043	
Home Phone: 650 224 8785 Age: 5 Date of Birth: 12/28/2012	
Current Bullis Mountain View Charter School student? Y/N circle one) Resident of Mountain View Whisman School District? (ViN) (circle one) If yes, please list the school within the District your son/daughter would otherwise attend: The werkant	
Name: Beals Alexander James Grade in 2019-20: TK	
Home Address:  Suffer Creek Ln Mountain View CA 94043  Street City, State Zip	
Home Phone: 650 2248785 Age: Date of Birth:	
Current Bullis Mountain View Charter School student? YMCircle one) Resident of Mountain View Whisman School District? (YN (circle one) If yes, please list the district school you would otherwise attend: The werkanf Parent/Legal Guardian Information:	
Parent/Legal Guardian Name: Beals, Travis Roland	
Home Address: Last, First, Middle  Home Address: Creek La Mountain View, CA 94043  Street City State Zin	
Home Phone: 650 224 8785 Email: trbeals@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.

Proposition 39 Request: 2019-20 School Year

# Bullis Mountain View Charter School Intent to Enroll Form for purposes of requesting facilities DUE Back to the Charter School by SEPTEMBER 28, 20181

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

Student

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!

lame: Last, First, Mi	Grade in 2019-20:	
lome Address:	Whitman Rd, Apr 3218 / CA 9404	3
Street City, Stome Phone: $63$	tate Zip <u>(                                    </u>	
Current Bullis Mount Resident of Mountain	tain View Charter School student? Y/B/circle one) in View Whisman School District?(Y/N) (circle one) school within the District your son/daughter would otherwise attend:	
lame:	Grade in 2019-20:	
Last, First, Milome Address:	sman Rd - Apt 3218 / Hountoin View	en one A
lome Phone	610-590 2 Age: Date of Birth:	
Resident of Mountain	tain View Charter School student? Y/N (circle one) n View Whisman School District (Y/N) (circle one) e district school you would otherwise attend: an Information:	
Parent/Legal Guardi DANL Last, First, M	G VU. Ini la	
la cara di Alabara a a a	nisman Rd - Ant 3918 / Huntain View	s Otto
	Email: Mai dangvi a gmail c	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Builis 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:

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

Proposition 39 Request: 2019-20 School Year

# 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 Itene 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:

- trallanta 4-				
Estudiante 1:		_		
	Care D.	Grado en el año	2040-201	
Nombre: Apellido, Primer Nomb	re Segundo Nomb	Grado en el ano	2019-20;	
omicilio: 1470 Lathan Al	IE APT 23	mountainu	iew	
alle Ciudad Estado Código F	netal			
eléfono de Casa: <u>65090 (</u>	7362 Ed	ad del Estudiante:	Fecha de Nacimier	nto:
Estudiante actual de Bullis Reside usted dentro de los i/No (marque uno) i contesto sí, por favor iden nanera asistiria:	ímites del Distrito tifique la escuela c	Escolar de Mountain dentro del distrito a la	View Whisman School Dis	
				<del></del>
Nombre	ore, Segundo Nomb	Grado en el año	2019-20:	
Nombre: Apellido, Primer Nomi Domicillo:	ore, Segundo Nomb	Grado en el año	2019-20:	
Studiante 2:  Nombre:	ore, Segundo Nomb	ore		nto:
Apellido, Primer Nomi Apellido, Primer Nomi Domicillo: Calle, Ciudad, Estado, Código I Celéfono de Casa: Lestudiante actual de Bullis Reside usted dentro de los	Postal  Ed  Mountain View Ch	iad del Estudiante: arter School Si/No (m e Escolar de Mountain	Fecha de Nacimiel arque uno) View Whisman School Di	strict
Apellido, Primer Nomi Domicillo: Calle, Ciudad, Estado, Código I Celéfono de Casa:  Estudiante actual de Bullis Reside usted dentro de los Si/No (marque uno) Si contesto sí, por favor iden	Postal  Postal  Mountain View Ch limites del Distrito	lad del Estudiante: arter School Si/No (m escolar de Mountain dentro del distrito a la	Fecha de Nacimiei arque uno) View Whisman School Di cual su estudiante de ot	strict
Apellido, Primer Nomi Apellido, Primer Nomi Domicillo: Calle, Ciudad, Estado, Código I Celéfono de Casa: Lestudiante actual de Bullis Reside usted dentro de los Si/No (marque uno) Si contesto sí, por favor iden	Postal  Mountain View Ch limites del Distrito stiffique la escuela del control	iad del Estudiante: arter School Si/No (mo Escolar de Mountain dentro del distrito a la	Fecha de Nacimiei arque uno) View Whisman School Di cual su estudiante de ot	strict
Apellido, Primer Nomicomicillo:  Calle, Ciudad, Estado, Código le defono de Casa:  Estudiante actual de Bullis, Reside usted dentro de los Si/No (marque uno) Si contesto sí, por favor idenanera asistiría:	Postal  Mountain View Ch limites del Distrito stiffique la escuela del control	lad del Estudiante: arter School Si/No (m escolar de Mountain dentro del distrito a la	Fecha de Nacimiei arque uno) View Whisman School Di cual su estudiante de ot	strict
Apellido, Primer Nomi Domicillo: Calle, Ciudad, Estado, Código I Celéfono de Casa:  LEStudiante actual de Bullis L'Reside usted dentro de los Si/No (marque uno) Si contesto si, por favor ider manera asistiría:  Nombre del padre o tutor leg	Mountain View Ch limites del Distrito stifique la escuela de Apellido, Prim	iad del Estudiante: arter School Si/No (mo Escolar de Mountain dentro del distrito a la	Fecha de Nacimiei arque uno) View Whisman School Di cual su estudiante de ot	strict
Apellido, Primer Nomi Oomicillo: Calle, Ciudad, Estado,Código	Mountain View Ch limites del Distrito tifique la escuela de Apellido, Prim	lad del Estudiante: arter School Si/No (mo Escolar de Mountain dentro del distrito a la Bay Al	Fecha de Nacimiei arque uno) View Whisman School Di cual su estudiante de ot San (LCZ) ombre	strict

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: VIII (1 VIIII VIIII) Fecha: 10-1- L0 | 8

IIIMPORTANTE!! Devuelva antes del 28 de Septiembre del 2018 en persona, por correo o por fax al: 102 W. Portole Ave. Los

Altos, CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

#### 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 reenrolling (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!

ormation:		
Name:		Grade in 2019-20:
Last, First, Mid		
1642 Califi	ornia St. Mour	stain View, CA, 94041
Street City, Sta	ate Zip	
Home Phone: (650)	669 14 25 Age:	Date of Birth:
Resident of Mountain	ain View Charter School student View Whisman School District school within the District your s APHACOV	t? Yill circle one) (V)N (circle one) son/daughter would otherwise attend:
13-7017 2.10-11.		
Nama		Grade in 2019-20:
Last, First, Mic	idle	Grade in 2019-20:
Home Address:		
Street City, Sta	ate Zip	
Home Phone:	Age:	Date of Birth:
Current Bullis Mounts	ain View Charter School studen	t? Y/N (circle one)
Resident of Mountain	View Whisman School District	? Y/N (circle one)
	district school you would other	wise attend:
Parent/Legal Guardian		
Parent/Legal Guardia	n Name: Baidan, Va	lentyna
Parent/Legal Guardia: Last, First, Mid	^{n Name:} Baidan, Va ^{ddle}	lentyna
Last, First, Michael Home Address:	^{n Name:} Baidan, Va ddle <u>2 California</u>	St. Mountain View, L
Last, First, Mic Home Address: Street City, St	n Name: Baidan, Va ddle 2 California ate Zip	St. Mountain View, L
Last, First, Michael Address: 1642 Street City, St.	n Name: Baidan, Va ddle 2 California ate Zip ) 669 1425 Emell: Va	slentyng St. Mountain View, L lentyna@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: Oct, 27, 2018 IMPORTANTII Return by October 26, 2018 in person, by mail, or by fax to: 102 W. Portola Ave, Los Aitos, CA 94022; 650-947-4989

Proposition 39 Request: 2019-20 School Year

#### Bullis Mountain View School Calendar, 2019-2020

Independence Day

JULY 2019							
S	М	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	М	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		

M T

10 11

17 18

24 25

16

23

29

30 31

4 5 6 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	М	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	

17 Presidents' Day FEBRUARY 2020 W Th F S

1

8

15

22

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** M T W Th F S S 3 4 5 6 7 8 9 10 11 12 13 14 16 17 18 19 20 15 21 23 24 25 26 27 22 28

12 | 13 | 14

19 20 21

28 29

26 27

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	М	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** M T W Th F S 2 3 4 8 9 11 10 13 14 15 16 12 17 18 20 21 22 23 19 24 25 27 28 29 30 26

*April Holidays: 4/6-4/11; Teacher Development Day 4/13 Minimum Day (Staff

Development): 4/25

School Days: 16

11 <u>Veterans Day</u> 28 Thanksgiving Day

Holidays: Nov 25-Nov 30

School Days: 16

NOVEMBER 2019								
S	М	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												
					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	S M T W Th F													
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	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



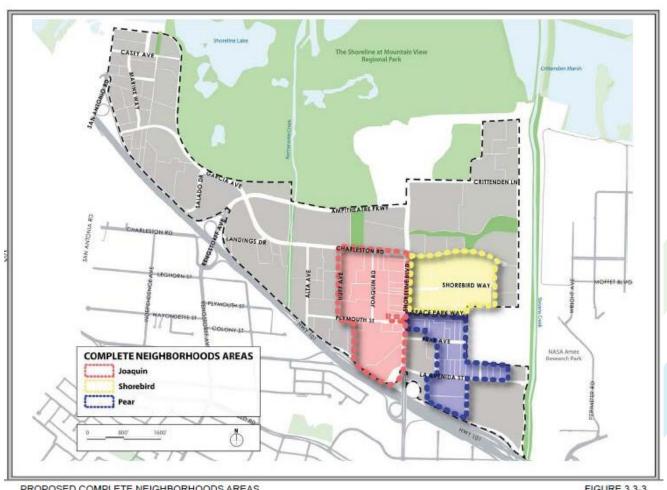
# North Bayshore Development and Impact on MVWSD

November 2, 2017



# **Work to Date**

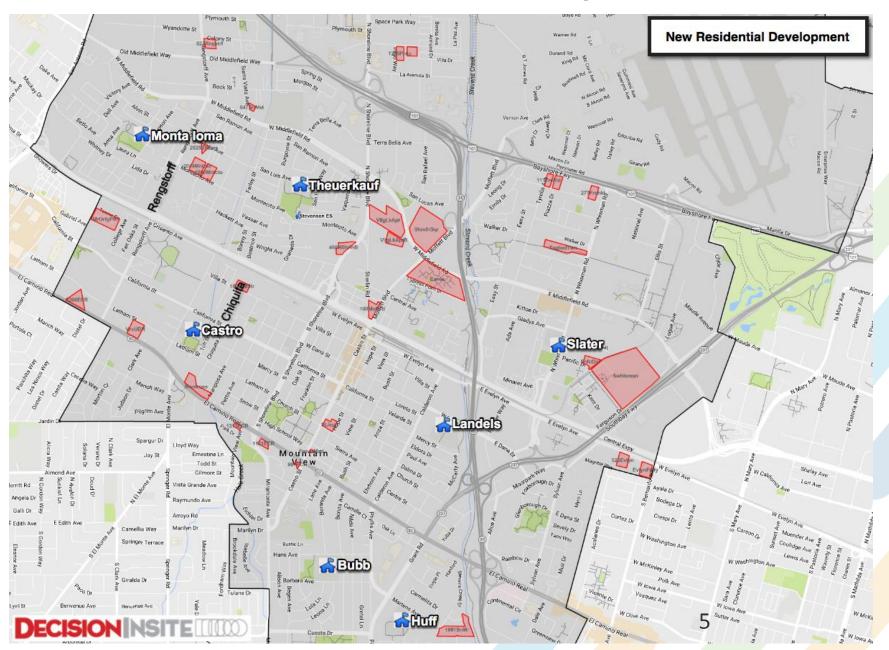
## **3 Planned Neighborhoods**



### Previously predicted number of students

	Jo	aq	uin Neigh	bol	rhood	Sho	re	bird Neigl	nbo	orhood	ı	Pea	ar Neighb	orh	ood
			Student					Student					Student		
	Units		Yield		Students	Units		Yield		Students	Units		Yield		Students
	Market Rate						Market R				Market R	ate	9		
K-5	3,160	X	0.1	II	316	2,360	X	0.1	II	236	2,360	X	0.1	=	236
6-8	3,160	X	0.04	II	126	2,360	X	0.04	=	94	2,360 x 0.04 = 9				94
			Affordat	le			Affordat		Affordable						
K-5	790	X	0.409	II	323	590	×	0.409	II	241	590	X	0.409	=	241
6-8	790	X	0.228	II	180	590	X	0.228	=	135	590	X	0.228	=	135
			Total Stud	ent	ts			Total Stud	en	ts	Total Students				
K-5		639				477			477						
6-8		307		229				<u>229</u>							
	946						706				706				

### **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
	Total:	575	470	564	730	776	281	167	0	0	0

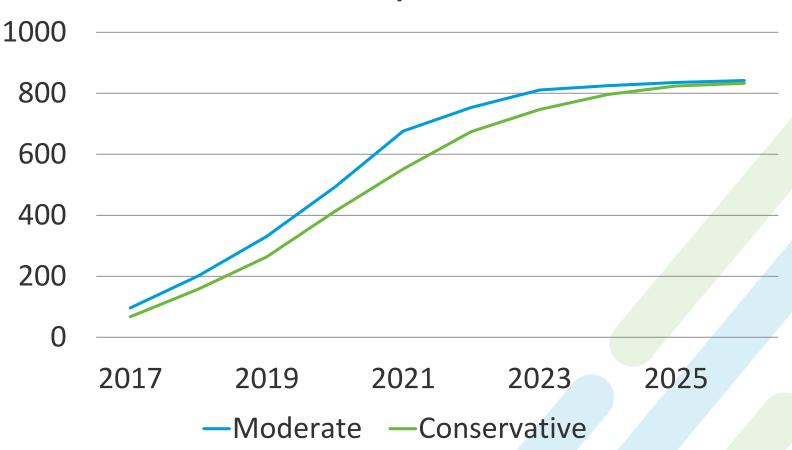
## Historically Below Market Rate/ Affordable Housing Generates More Students Than Typical Housing.

### 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											i i	
							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



# 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

	Jo	aq	uin Neigh	boi	rhood	Sho	re	bird Neigl	b	orhood	ı	Pea	ar Neighb	orh	ood
			Student					Student					Student		
	Units		Yield		Students	Units		Yield		Students	Units		Yield		Students
	Market Rate							Market R	ate				Market R	ate	9
K-5	3,160	X	0.1	II	316	2,360	X	0.1	=	236	2,360	X	0.1	=	236
6-8	3,160	Х	0.04	II	126	2,360	X	0.04	=	94	2,360 x 0.04 = 94				94
			Affordat	le			Affordat		Affordable						
K-5	790	X	0.409	II	323	590	X	0.409	=	241	590	X	0.409	=	241
6-8	790	X	0.228	II	180	590	X	0.228	=	135	590	X	0.228	=	135
			Total Stud	ent	ts			Total Stud	en	ts			Total Stud	ent	ts
K-5		639				477					477				
6-8		307		<u>229</u>					<u>229</u>						
	946						706				706				

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



# **Updated numbers**

### **Updated Student Generation Rates**

	Mai	rket	Rate Multi Fam	ily						
Grade	SGR		Units		Students					
K-5	0.073	х	3,940	=	288					
6-8	126									
414										
			Affordable							
K-5	0.308	х	1,970	=	607					
6-8	0.247	х	1,970	=	487					
	1,094									
			Tot	al:	1,508					

(Sources: Schoolhouse Planning, and Jack Schreder & Associates)

	Micro Units												
Grade	SGR		Units		Students								
K-5	0.008	х	3,940	=	32								
6-8	0.005	х	3,940	=	20								
					52								
			GRA	DE	STUDENTS								
			ŀ	<b>(-5</b>	927								
			(	6-8	633								
			Tot	al:	1,560								

(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 o	olle	ects \$2.32/Sq.	Ft. c	of Level I Dev	velo	per Fees						
Units	Units # of Units Avg. Sq.Ft. Sq.Ft. Fees												
Micro/Studio	3,940	X	450	=	1,773,000	х	\$2.32	=	\$4,113,360				
1-Bedroom	2,955	Х	715	=	2,112,825	х	\$2.32	=	\$4,901,754				
2-Bedroom	1,970	Х	1,025	=	2,019,250	Х	\$2.32	=	\$4,684,660				
3-Bedroom	985	Х	1,250	=	1,231,250	х	\$2.32	=	\$2,856,500				
									\$16,556,274				

(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:** \$34,283,634

Shortfall: \$75,511,599