



# Stockton Collegiate International Schools

*A world-class program. A world of opportunity.*

PO Box 2286, Stockton, CA 95201 209-390-9861 (phone) 209-390-9862 (fax)

[www.stocktoncollegiate.org](http://www.stocktoncollegiate.org)

## STUDENT APPLICATION FOR ADMISSION

Student Grade Level \_\_\_\_\_ (School Year 2011-2012) Date of Birth \_\_\_\_\_

Current School of Attendance \_\_\_\_\_ School District \_\_\_\_\_

### STUDENT INFORMATION (please print clearly)

Student's Legal Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Address \_\_\_\_\_  
(Street Number) (City) (Zip Code)

Student Home Phone \_\_\_\_\_ Student Email \_\_\_\_\_

Ethnicity \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Student's Most Comfortable Language \_\_\_\_\_ Social Security Number \_\_\_\_\_

### FAMILY INFORMATION (please print clearly)

	Mother	Father	Legal Guardian
Name			
Street Address			
City, State, Zip			
Work Phone			
Home Phone			
Cell Phone			
E-mail			

Student lives with (circle): Mother Father Both Guardian/Other

Father's level of education: \_\_\_\_\_ Mother's level of education: \_\_\_\_\_

### SIBLING INFORMATION (Please list only those siblings applying for admission to Stockton Collegiate)

Sibling Name			
Current Grade			
Current School			

(\*Use back side of application if more space is needed)

Has student ever been expelled? \_\_\_\_\_ Has student received GATE services? \_\_\_\_\_

Has student received special education services? \_\_\_\_\_

Does student have a 504 plan? \_\_\_\_\_ Has student received speech services? \_\_\_\_\_

Has student received any other intervention services? \_\_\_\_\_

(over please)

\*Additional Sibling Information (Continued from front)

**SIBLING INFORMATION (Please list only those siblings applying for admission to Stockton Collegiate)**

Sibling Name				
Current Grade				
Current School				

*Stockton Collegiate International Schools does not discriminate on the basis of race, color, religion, age, citizenship, gender, sexual orientation, disability, nationality or ethnic origin in administration of its educational policies, admission policies, scholarships, and other school administered programs.*

**All areas of this application must be completed. Falsification or omission of information on this application may result in disqualification for admission to Stockton Collegiate International Schools.**

Applications may be submitted **by mail** (PO Box 2286, Stockton, CA, 95201), **by fax** (209-390-9862), or **in person** at 1 North Sutter St., Stockton, CA, 95202.

**FOR OFFICE USE ONLY**

Date Rec'd \_\_\_\_\_ Rec'd by \_\_\_\_\_

School Year Accepted for \_\_\_\_\_ Admission Grade Level \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Comments: \_\_\_\_\_