

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

STUDENT APPLICATION FOR ADMISSION

Applying for Grade Level _____ (School Year **2012-2013**)

Current School of Attendance _____ School District _____
(District in which student resides)

STUDENT INFORMATION (please print clearly)

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

Address _____
(Street Number) (City) (Zip Code)

Home Phone _____ Birthdate: _____ Ethnicity _____

Language spoken at home: _____ Student's most comfortable language _____

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: Mother Father Both Guardian/Other

SIBLING INFORMATION (Please list only those siblings *applying for admission to Stockton Collegiate* or list siblings *currently enrolled at SCIS*. A separate application is needed for each student applying to SCIS.)

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.

****If accepted, a copy of the student's 504 plan must be submitted with registration papers.**

By signing this application, I certify that I am the custodial parent/guardian of this student and have the authority to apply for admission and enroll this student in Stockton Collegiate International Schools.

Signature _____ Date _____

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: _____