



**Alpha Public Schools  
Enrollment Application 2019-20**

**Application Deadline is Thursday, 12/13/2018; 5:00 PM. All applications received after this time will be placed on the waitlist.**

**Any student who meets the following two criteria may apply:**

- 1. The student is a resident of California.**
- 2. If applying to Kindergarten, the student is at least five years old on or before September 1, 2019. Students who are at least five years old on or before December 2, 2019 are eligible for Transitional Kindergarten. Please note that proof of age is required with application submission.**

**\*Note: Preference will be given to siblings of current students and students residing within school district boundaries of the selected school. In order to gain preference, please share proof of residence with application.**

**1. STUDENT INFORMATION (PLEASE PRINT CLEARLY)**

|   |             |   |
|---|-------------|---|
| Student <b>First</b> Name   | Middle Name | Student <b>Last</b> Name  |
| Date of Birth:  |             | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Grade Student is Applying For: <input type="checkbox"/> TK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |             |   |
| Current School:   |             | Current District:   |

**2. FAMILY INFORMATION**

|                     | MOTHER  | FATHER | LEGAL GUARDIAN |
|---------------------|---|--------|----------------|
| Name                |   |        |                |
| Street Address      |   |        |                |
| City, State, Zip    |   |        |                |
| Cell Phone          |   |        |                |
| Work Phone          |   |        |                |
| Home Phone          |   |        |                |
| Email               |   |        |                |
| Student Lives with: | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian/Other |        |                |

**3. OTHER INFORMATION**

How did you hear about us?  Family/Friend (Name: \_\_\_\_\_)  Website  Flyer  Staff Member (Name: \_\_\_\_\_)

Do you know anyone who might be interested in Attending Alpha?

Parent Name: \_\_\_\_\_ Student Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are any siblings attending Alpha?  Yes  No If yes, which school?

Sibling Name: \_\_\_\_\_ Sibling Grade: TK K 1 2 3 4 5 6 7

**4. SCHOOL PREFERENCE**

We have three high quality schools serving Kindergarten & middle school grades. The likelihood of acceptance to an Alpha school is greater if you apply to all schools. Please rank your choices below using numbers 1-3. Only place a ranking next to schools you are willing to attend.

\_\_\_ Alpha: Blanca Alvarado, 1601 Cunningham Ave. San José, CA 95122 (8:30am-3:30pm) Grades: K, 5-8

\_\_\_ Alpha: José Hernández, 1601 Cunningham Ave. San José, CA 95122 (9:00am-4:00pm) Grades: K, 5-8

\_\_\_ Alpha: Cornerstone Academy, 1598 Lucretia Ave. San José, CA 95122 (7:45am-4:00pm) Grades: K-8

**5. AGREEMENT**

I certify that the information given in this application is true, correct and accurate. I understand that submitting this application does not guarantee that my student will be accepted.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**7. PLEASE RETURN THIS APPLICATION IN ONE OF THE FOLLOWING WAYS:**

|  |   |
|--|---|
| Drop-Off/Mail:<br>Specific School Site:<br>Alpha: Blanca Alvarado & Jose Hernandez: 1601 Cunningham Ave. San José, CA 95122<br>Alpha: Cornerstone Academy: 1598 Lucretia Ave. San José, CA 95122 | <b>Online:</b> Fill in & Submit at<br>alphapublicschools.org/enroll<br>Email/Phone:<br>ngutierrez@alphaps.org<br>(408) 455-6355 |
|--|---|

**8. FOR OFFICE USE ONLY**

|            |           |      |          |                    |
|------------|-----------|------|----------|--------------------|
| Date Rec'd | Rec'd by: | DOR? | Sibling? | 19-20 Grade Level: |
|------------|-----------|------|----------|--------------------|

**Proof of Submission/Receipt**

Date Received

Received By: