



Alpha Public Schools
Enrollment Application for 2020-21
Application Deadline is Thursday, 12/20/2019; 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, 2020. Students who are at least five years old on or before December 2, 2020 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 F irst Name	Middle Name	Student L ast 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? <input type="checkbox"/> Family/Friend (Name: _____) <input type="checkbox"/> Website <input type="checkbox"/> Flyer <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which school?	
Sibling Name: _____	Sibling Grade: <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"/>

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-4:00pm) Grades: K, 1, 5-8
___ Alpha: José Hernández, 1601 Cunningham Ave. San José, CA 95122 (8:00am-3:30pm) Grades: TK, K, 1, 5-8
___ Alpha: Cornerstone Academy, 1598 Lucretia Ave. San José, CA 95122 (7:45am-3:30pm) 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: Specific School Site: Alpha: Blanca Alvarado & Jose Hernandez: 1601 Cunningham Ave. San José, CA 95122 Alpha: Cornerstone Academy: 1598 Lucretia Ave. San José, CA 95122	Online: Fill in & Submit at alphapublicschools.org/enroll Email/Phone: ngutierrez@alphaps.org (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: