



Admissions Application for the 2009 – 10 School Year

*Please complete the application below and send it to the following address:
Voices' Office – 4075 Sacramento Ave., San Jose, CA 95111 or Fax to 408-361-1979*

Student's Name _____

First Name

Middle Name

Last Name

Gender (please circle one): Female Male **Date of Birth** ____/____/____

How did you hear about Voices School?

Flyer Information Mtg. Poster Friend: Name _____ Other (please specify) _____

Family Information:		
	Mother or guardian information:	Father or guardian information:
Name(s) Last Name First		
Relationship(s)		
Street Address		
City, State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Fax		
Email		
Parents/Guardians highest Level of education:	Mother/Female Guardian <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College (includes AA degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate school/post graduate <input type="checkbox"/> Declined to state or unknown	Father/Male Guardian <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College (includes AA degree) <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate school/post graduate <input type="checkbox"/> Declined to state or unknown

Student InformationDoes Student have sibling(s) already attending Voices? Yes No

Name(s) of students currently enrolled: _____

Student Lives with Both Mother and Father Mother Father Guardian/Other: _____Is a custody order or other court order in place that Voices should be aware of? Yes No

If you checked the box marked "Yes", please attach a copy of the court order.

Present School: _____ Current Grade: _____

School Address: _____ School Phone: (____) _____

City: _____ State: _____ Zip: _____

School District Name (District you live in): _____

All previous school(s) attended (please include grade levels at each school): _____

Place of Birth _____ if outside of U.S., please provide US entry date: _____

Has your son/daughter ever been suspended or expelled from school? (Please circle one) Yes No

(NOTE: If "Yes," please attach explanation and a copy of the expulsion order.)

The following information is for planning purposes and will not affect your enrollment:

Please complete the following if your child has been enrolled in any type of special program:

If the student has an IEP or 504 Accommodation, please attach a copy of the file to this application.

- My son/daughter has never been enrolled in any type of special program such as those described below
- My son/daughter has been enrolled in a special program such as those described below (complete box below)

My child has been enrolled in: (check all that apply)

Special Education

- Resource Specialist Program (RSP)
- Individual Education Plan (IEP)
- Special Day Class (SDC)
- Speech and Language
- Hearing
- Other

Accommodations

- 504 Plan
- Other: _____

For data collection purposes, onlyEthnic Identification: Is this student Hispanic or Latino? (Select only one) No, not Hispanic or Latino Yes, Hispanic or LatinoThe above part of the question is about ethnicity not race. No matter what you selected above **please continue to answer the following**

by marking one or more to indicate what you consider your race to be. What is this student's race? (Select one or more)

- Asian: Filipino Asian Indian
- Chinese Laotian
- Japanese Hmong
- Korean Other Asian
- Vietnamese

Native Hawaiian or Other Pacific Islander:

- Hawaiian Guamanian
- Samoan Tahitian
- Other Pacific Islander

- American Indian or Alaska Native
- Black or African American
- White

Language(s) spoken at home: _____

What language(s) did your student learn when (s)he began talking? _____

What language(s) does your student speak most frequently, now? _____

Parent/Guardian Signatures:

If more students submit applications to attend Voices College-Bound Language Academy than there is room, the school will have a public random drawing. The school will give preference to students of FMSD and their siblings. This application does not guarantee enrollment in the school.

Parent /Guardian Signature _____

Date _____