

DOWNTOWN COLLEGE PREP 2020-2021 APPLICATION



Application must be dropped off at the DCP campus to which you are applying.

APPLICATION FOR THE FOLLOWING GRADE IN 2020-2021 (mark one)

5th 6th **DCP El Camino Middle School**
 7th 8th **Serving Grades 5-8** 408-384-4040 ext. 515
 1402 Monterey Hwy., San Jose 95110
 ecmsregistration@dcp.org

9th 10th **DCP El Primero High School**
Serving Grades 9-12 408-271-1730 ext. 515
 1402 Monterey Hwy., San Jose 95110
 ephsregistration@dcp.org

6th 7th **DCP Alum Rock Middle School**
 8th **Serving Grades 6-8** 408-942-7000 ext. 428
 2888 Ocala Ave., San Jose 95148
 armsregistration@dcp.org

9th 10th **DCP Alum Rock High School**
Serving Grades 9-12 408-384-4554 ext. 325
 1776 Educational Park Dr., Bldg. K-9, San Jose 95133
 arhsregistration@dcp.org

If interested in 11th or 12th grade, please contact the school directly

Has student ever applied to a DCP school? If yes, please write name of DCP school. Yes No _____

Has student ever attended any DCP school? If yes, please write name of DCP school. Yes No _____

STUDENT INFORMATION

Student Last Name _____ Student First Name _____ Middle Name _____

Gender Male Female Date of Birth _____

Current School _____ School District of Residence _____

Home Address (address, city, zip) _____ Grade in 2019-2020 _____

FAMILY INFORMATION

Student resides with: Mother Father Step-Mother Step-Father Guardian Foster or Group Home

Mother/Guardian Name _____ Father/Guardian Name _____
Last First Last First

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Language English Spanish Vietnamese Other _____

How many siblings/step-siblings does the student have that currently attend DCP?

1 2 3 4 Please write their information below

#1 Last	First	School	Grade
#2 Last	First	School	Grade
#3 Last	First	School	Grade
#4 Last	First	School	Grade

How did you hear about DCP?

Alumni Community Event Friend/Family Other _____

Parent Signature _____ Date _____

Thank you for applying to DCP. This application does not guarantee admission to Downtown College Prep.
FOR OFFICE USE ONLY DATE RECEIVED _____ RECEIVED BY (staff initials): _____ VERIFIED BY (staff initials): _____

DOWNTOWN COLLEGE PREP

2020-2021 Aplicación



Esta aplicación se debe entregar en la oficina de la escuela DCP a la que va a aplicar.

SOLICITUD PARA EL SIGUIENTE GRADO 2020-2021 (marque uno)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th | DCP El Camino Middle School
Sirviendo Grados 5-8 408-384-4040 ext. 515
1402 Monterey Hwy., San Jose 95110
ecmsregistration@dcp.org | <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th | DCP El Primero High School
Sirviendo Grados 9-12 408-271-1730 ext. 515
1402 Monterey Hwy., San Jose 95110
ephsregistration@dcp.org |
| <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th | | | |
| <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th | DCP Alum Rock Middle School
Sirviendo Grados 6-8 408-942-7000 ext. 428
2888 Ocala Ave., San Jose 95148
armsregistration@dcp.org | <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th | DCP Alum Rock High School
Sirviendo Grados 9-12 408-384-4554 ext. 325
1776 Educational Park Dr., Bldg. K-9, San Jose 95133
arhsregistration@dcp.org |
| <input type="checkbox"/> 8 th | | | |

Si está interesado en los grados 11 o 12, comuníquese directamente con la escuela.

¿Alguna vez el estudiante ha aplicado a una escuela DCP? No Si, Indique cual escuela DCP _____

¿Alguna vez el estudiante ha asistido a una escuela DCP? No Si, Indique cual escuela DCP _____

INFORMACION DEL ESTUDIANTE

Apellido del Estudiante	Nombre del Estudiante	Segundo Nombre
<input type="text"/>	<input type="text"/>	<input type="text"/>
Sexo <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	Fecha de Nacimiento	<input type="text"/>
Escuela Actual	Distrito de Residencia Escolar	
<input type="text"/>	<input type="text"/>	
Domicilio (dirección, ciudad, código postal)	Grado en 2019-2020	
<input type="text"/>	<input type="text"/>	

INFORMACION DE FAMILIA

El estudiante vive con: Madre Padre Madrasta Padrasto Tutor Hogar Temporal o Hogar de Grupo

Nombre de Madre/Tutora		Nombre de Padre/Tutor	
<i>Apellido</i>	<i>Nombre</i>	<i>Apellido</i>	<i>Nombre</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Celular	<input type="text"/>	Celular	<input type="text"/>
Correo Electrónico	<input type="text"/>	Correo Electronico	<input type="text"/>

Idioma: Inglés Español Vietnamese Otro _____

¿Tiene hermanos/hermanastros que actualmente asisten a DCP, cuantos? 1 2 3 4

Por favor incluya su información

#1	Apellido	Nombre	Escuela	Grado
#2	Apellido	Nombre	Escuela	Grado
#3	Apellido	Nombre	Escuela	Grado
#4	Apellido	Nombre	Escuela	Grado

¿Como se enteró acerca de DCP?

Graduado Evento Comunitario Amistad/Familia Otro _____

Firma del Padre	Fecha
<input type="text"/>	<input type="text"/>

Gracias por aplicar a DCP. Esta aplicación no garantiza admisión a Downtown College Prep.

FOR OFFICE USE ONLY DATE RECEIVED _____ RECEIVED BY (staff initials): _____ VERIFIED BY (staff initials): _____