



**STUDENT INFORMATION – Section A**

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Number Street Apt # City Zip Code

E-mail Address (if any) \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_

Current Math Class \_\_\_\_\_ Current Grade: A B C D F

Student I.D. # \_\_\_\_\_ GPA \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_ Place of Birth \_\_\_\_\_ Male Female

Are you a U.S. Citizen? Yes No Ethnicity \_\_\_\_\_

Home Language \_\_\_\_\_

Why are you interested in the Cal SOAP program?

Do you participate in any school activities? Please list.

How did you hear about the Cal SOAP program?

*Please answer the following on a separate sheet of paper.*

In approximately 200 words please describe your academic record or future educational/career goals.

**For office use only:**

Date application was received: \_\_\_\_\_

Date student was admitted into program: \_\_\_\_\_

Comments:

**PARENT INFORMATION – Section B**

Father or Male Guardian's Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Number Street Apt # City Zip Code

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Do you have a Bachelor's Degree? Yes  No

E-mail Address (if any) \_\_\_\_\_

Mother or Female Guardian's Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Number Street Apt # City Zip Code

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Do you have a Bachelor's Degree? Yes  No

E-mail Address (if any) \_\_\_\_\_

Head of household's relationship to student applicant \_\_\_\_\_

Is your son/daughter eligible for the Free or Reduced Lunch program? Y N

Estimated Gross Annual Income:

Less than 33,600	37,901 - 42,100	47,101 - 50,900
36,601 - 37,900	42,101 - 47,100	50,901 or more

Family size: \_\_\_\_

I hereby grant my permission for my son / daughter (name) \_\_\_\_\_ to participate in the South County Cal-SOAP Program at Anzar High School. I also give my consent for Anzar High School to make available to the South County Cal-SOAP Programs (or to designated staff members) information pertaining to my child's academic progress in school. **At times, the media may write an article about or take pictures of a program/activity. I give my permission YES \_\_\_\_\_ NO \_\_\_\_\_.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_