



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/AVID Program at Central High School. I also give my consent for Gilroy High School to make available to the South County Cal-SOAP/AVID 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 _____