



SCHOOL OF SCIENCE AND TECHNOLOGY CORPUS CHRISTI

4737 Saratoga Blvd. TX 78413 ♦ Tel: 361.851.2420 ♦ Fax: 361.851.2475 ♦ www.ssttx.org

APPLICATION FOR RE-ENROLLMENT FOR THE ACADEMIC YEAR 2010-2011

Deadline March 12, 2010 (Friday)

DEAR PARENTS AND APPLICANT:

Thank you for your support in SCHOOL OF SCIENCE AND TECHNOLOGY – CORPUS CHRISTI. Due to limited space for the upcoming year, we ask each parent/guardian to fill out this re-enrollment form completely. This application form is designed for currently enrolled students. Applications received unsigned, incomplete, or after the closing date may not be considered for next year.

FOR OFFICE USE ONLY

Date Application Received: _____

Application #: _____

Please either type or print clearly using black or blue ink.

Student's name:

_____ / _____ / _____
(Last) (First) (Middle)

Parent/Guardian's Name:

_____ / _____ / _____
(Last) (First) (Middle)

Guardian's relationship to student : Mother Father Sister/Brother Other: _____

Student lives with : Mother Father Both Other: _____

Permanent address: _____
(Street & House/Apt. No.)

_____ / _____ / _____
(City) (State) (Zip Code)

Phone: (_____) _____ (_____) _____ (_____) _____
(Home) (Work) (Other)

Cellular: (_____) _____ Fax: (_____) _____ E-mail: _____

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

Name of Parent or Guardian

Signature of Parent or Guardian

Date

Please turn in the completed application in person or, by mail or fax to: **School Office (SCHOOL OF SCIENCE AND TECHNOLOGY – CORPUS CHRISTI)**

4737 Saratoga Blvd Corpus Christi TX 78413
Phone: 361-851 2450 Fax: 361 – 851 2475
WEB: www.sstcc.org

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