



# SCHOOL OF SCIENCE AND TECHNOLOGY

4737 S. Saratoga Blvd., Corpus Christi TX 78413 ♦ Tel: 361.851.2450 ♦ Fax: 361.851.2475 ♦ www.sstcc.org

## APPLICATION FOR RE-ENROLLMENT FOR THE ACADEMIC YEAR 2012-2013

**Deadline: January 27, 2011 (Friday)**

### DEAR PARENTS AND APPLICANT:

Thank you for your support in SCHOOL OF SCIENCE AND TECHNOLOGY CC. 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. The closing date for this application is **Friday, January 27, 2011**. 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: \_\_\_\_\_

Grade/Section: \_\_\_\_\_

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: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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 bring the completed application to: **Mrs. Chupogo** (SCHOOL OF SCIENCE AND TECHNOLOGY)  
4737 Saratoga Blvd. Corpus Christi, TEXAS 78413  
Phone: (361) 851-2450 Fax: (361) 851-2475  
Email: [kchupogo@ssttx.org](mailto:kchupogo@ssttx.org) WEB: [www.sstcc.org](http://www.sstcc.org)

If you do not want your child enrolled in our school, please check the box below and sign:

- I do not want my child enrolled in SST for 2012-2013 due to following reason  
\_\_\_\_ Transportation  
\_\_\_\_ Moving  
\_\_\_\_ Accepted to another school  
\_\_\_\_ Other; please explain in a few words; \_\_\_\_\_

\_\_\_\_\_  
Parent Signature