



Re-Enrollment Application 2010-2011

Almaden Country School 6835 Trinidad Drive, San Jose, CA 95120 408.997.0424 fax 408.997.6823 www.a-cs.org
 Accredited by the Western Association of Schools and Colleges

STUDENT INFORMATION

STUDENT:		PRIMARY ADDRESS:	
<i>FIRST</i>	<i>MIDDLE</i>	<i>LAST</i>	<i>STREET</i>
PREFERRED NAME:	BIRTHDATE:		<i>CITY</i> <i>STATE</i> <i>ZIP</i>
			<i>HOME PHONE</i>

APPLYING FOR ENTRANCE INTO GRADE

Beginnergarten (<i>Must be 4 by Dec. 2</i>) <input type="checkbox"/> AM (8-11am, Mon – Fri) <input type="checkbox"/> PM (12-3pm, Tues, Wed, Thurs)	Elementary School <input type="checkbox"/> 1 st Grade <input type="checkbox"/> 4 th Grade <input type="checkbox"/> 2 nd Grade <input type="checkbox"/> 5 th Grade <input type="checkbox"/> 3 rd Grade	Middle School <input type="checkbox"/> 6 th Grade <input type="checkbox"/> 8 th Grade <input type="checkbox"/> 7 th Grade
Jr. Kindergarten (<i>Must be 5 by Dec. 2</i>) <input type="checkbox"/> AM (8-11am, Mon – Fri) <input type="checkbox"/> PM (12-3pm, Mon – Fri) Please mark your preference for Jr. Kindergarten. ACS reserves the right to determine class placement to ensure balanced enrollment.		
<input type="checkbox"/> Kindergarten (8am – 12:30pm, Mon – Fri) (<i>Must be 5 by Sep. 1</i>)		
Is student a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If no, please explain.</i>)		Country of birth:
Has your child ever been evaluated for educational needs? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>If yes, please explain.</i>)		

HOME INFORMATION

PARENT ONE'S INFO:	<i>Omit from school directory</i>	PARENT TWO'S INFO:	<i>Omit from school directory</i>	EMERGENCY CONTACTS:
<i>Relationship to child:</i>		<i>Relationship to child:</i>		<i>In cases of emergency when parents cannot be reached, call the following person(s):</i>
Name: Mr. Mrs.		Name: Mr. Mrs.		Contact:
<i>TITLE FIRST LAST</i>		<i>TITLE FIRST LAST</i>		Relationship:
Home Address:		Home Address:		Phone:
<i>STREET</i>		<i>STREET</i>		Doctor:
<i>CITY STATE ZIP</i>		<i>CITY STATE ZIP</i>		Doctor Phone:
Home Phone:		Home Phone:		Dentist:
Work Phone:		Work Phone:		Dentist Phone:
Mobile Phone:		Mobile Phone:		Health Concerns (if none, note that below):
E-Mail:		E-Mail:		
Employer:	X	Employer:	X	
Position:	X	Position:	X	

APPLE ORCHARD EXTENDED CARE ENROLLMENT

Please indicate the session times and days of the week your child will be attending Apple Orchard Extended Care next year. If attending a partial session, please indicate time attending in the appropriate boxes. If not attending, please leave this blank.	SESSION	MON.	TUES.	WED.	THURS	FRI.
	8:00 – 12:00					
	11:00 – 3:00					
	3:00 – 6:00					
NOTE: You must confirm Apple Orchard Extended Care enrollment by May 14 to reserve a space for your child. Requests received after May 14 will be accepted on a first-come, first-served basis, depending on space availability.						

OTHER CHILDREN IN THE FAMILY *(not currently at Almaden Country School)*

NAME	BIRTHDATE	GRADE NEXT YEAR	CURRENT SCHOOL

REFERENCES

Whom may we contact as a school reference for your child <i>(if child has already attended school)?</i>	NAME	PHONE	RELATIONSHIP
What Almaden Country School families may we contact as a reference <i>(if you know a family at this school)?</i>	NAME	PHONE	RELATIONSHIP
School last attended <i>(if applicable)</i>	SCHOOL	GRADES ATTENDED	REASON FOR LEAVING

WHERE DID YOU HEAR ABOUT US? *(check all that apply)*

- Advertisement in: _____
 Article in: _____
 Mail
- A Friend: _____
 Other: _____
 Internet

IMMUNIZATIONS NOTE

The California School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend school or childcare. Most children will require booster shots before starting Kindergarten and at entry to 7th grade. Parents must provide proof of immunizations. Your child may be exempt from some or all immunizations by a doctor because of a medical condition or due to personal or religious belief; however, these circumstances must be detailed and signed off on health records. ***Children cannot by law be admitted to class without an up-to-date immunization record or signed waivers on file in the school office.***

APPLICATION FOR ENROLLMENT

A Gifted Education, Inc. dba Almaden Country School admits students of any race, religion, color, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, religion, color, or national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, or athletic and other school-administered programs.

A non-refundable \$100 evaluation fee is due with this application. Upon acceptance into Almaden Country School, a non-refundable enrollment fee is due.

By signing below, I acknowledge that I have carefully reviewed the information contained herein and that the information is true and accurate. Furthermore, I understand that enrollment at Almaden Country School signifies a willingness to abide by the school's standards.

SIGNATURE: _____ RELATIONSHIP: _____ DATE: _____

Additional paperwork needed to complete the application (may be submitted separately):

- ACS Teacher Evaluation Form, completed by current teacher and mailed directly to ACS
- Copies of school report cards or written teacher feedback from the last two years *(if applicable)*
- Recent standardized test scores *(if applicable)*

Thank you for your interest in Almaden Country School