



STUDENT INTEREST FORM

STUDENT GRADE, BY YEAR

THIS YEAR (20__ - 20__): GRADE _____

NEXT YEAR (20__ - 20__): GRADE _____

SCHOOL OF INTEREST:

STUDENT INFORMATION (PLEASE PRINT CLEARLY)

Student's Legal Name

First Name

Middle Name

Last Name

Date of Birth

Grade Student is Applying for

Current School

Current School District

Have you also applied to another Aspire School? Yes No Which School? _____

FAMILY INFORMATION (PLEASE PRINT CLEARLY)

	Parent 1/Mother	Parent 2/Father	Legal Guardian
Name			
Street Address			
City, State, Zip			
Work Phone			
Home Phone			
Cell Phone			
E-mail			

Primary Residence Mother Father Both Guardian/Other _____

Do any siblings attend this school? Yes No

Sibling Name			
Sibling DOB			
Sibling Grade			

PLEASE RETURN THIS APPLICATION TO:

Aspire Capitol Heights Academy
 2520 33rd Street
 Sacramento, CA 95817
 916-739-8520
College for Certain!

Aspire Public Schools shall not discriminate on the basis of the characteristics listed in Education Code Section 220 (actual or perceived disability, gender, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code or association with an individual who has any of the aforementioned characteristics).

For Office Use Only: Date rec'd _____

Rec'd by _____