



SCHOOL OF SCIENCE AND TECHNOLOGY-ALAMO

12200 Crownpoint DR, San Antonio, TX 78233 ♦ Tel: 210.657.6400 ♦ Fax: 210.6576401 ♦ www.sstalamo.org

Date: January 10, 2012

RE: Re-enrollment for 2012-2013

Dear Parents and Applicants,

Thank you for your support in SCHOOL OF SCIENCE AND TECHNOLOGY ALAMO. Due to limited space for the upcoming year, we ask each parent / guardian to fill out SST Re-enrolment Form completely.

This application form is designed for currently enrolled students. The closing date for this application is Friday, January 27, 2012.

Applications received unsigned, incomplete, or after the closing date may not be considered for next year.

Forms must be turned in by parents or guardians only, **forms sent with the child will not be accepted.**

Sincerely,

Harun Alazcioglu
Dean of Academics
School of Science & Technology Alamo
12200 Crownpoint Dr., Suite 200
San Antonio, TX 78233
Phone: (210) 657-6400 Ext: 104
Fax: (210) 657-6401
www.sstalamo.org



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APPLICATION FOR RE-ADMISSION FOR THE ACADEMIC YEAR 2012-2013

Deadline: January 27, 2012 (Friday)

DEAR PARENTS AND APPLICANTS:

Thank you for your support in School of Science & Technology - Alamo. Due to limited space for the upcoming year, we ask each parent/guardian to fill out this re-enrolment form completely. This application form is designed for currently enrolled students. The closing date for this application is **Friday January 27, 2012**. Applications received unsigned, incomplete, or after the closing date may not be considered for next year.

FOR OFFICE USE ONLY

Date Application Received: _____

Grade next year: _____

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 bring mail or fax the completed application to:
PLEASE DO NOT SEND WITH YOUR CHILD, IT WILL NOT BE ACCEPTED.

Front Office (School of Science & Technology - Alamo)

12200 Crownpoint, Suite 101 Dr, San Antonio, TX 78233

Phone: (210) 657-6400 **Fax:** (210) 657-6401

Email: alamo@ssttx.org **WEB:** www.sstalamo.org

Deadline January 27, 2012 (Friday)