



# DCP Student

## A P P L I C A T I O N

Please mail the application to:  
**DOWNTOWN COLLEGE PREP**  
1460 The Alameda San Jose, CA 95126

For information call:  
408.271.1730

### STUDENT INFORMATION:

Student Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_  
Current School \_\_\_\_\_ Current Grade \_\_\_\_\_  
Language I speak at home is \_\_\_\_\_  
How did you hear about DCP? \_\_\_\_\_  
Do you have any relatives at DCP?  Yes  No If so, who? \_\_\_\_\_  
Circle any of these programs in which you currently participate: SRSP SDC Speech and Language  
Have you ever repeated a grade?  Yes  No If yes, what grade? \_\_\_\_\_  
I will be the first in my family to graduate from college  Yes  No  
I have a "D" or "F" in at least 3 classes  Yes  No

### FAMILY INFORMATION:

Student lives with:  mother  father  both  guardian  other

#### MOTHER/GUARDIAN INFO:

Name \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Please check the highest level of education completed:

elementary school  some high school  high school graduate  some college  college graduate  graduate/post graduate school

#### FATHER/GUARDIAN INFO:

Name \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Please check the highest level of education completed:

elementary school  some high school  high school graduate  some college  college graduate  graduate/post graduate school

#### EMERGENCY CONTACT:

Name \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Email address \_\_\_\_\_