

Biographical Information

To be completed by a parent or guardian. Due February 1. Biographical Information form is required as soon as possible to begin the application process.

STUDENT INFORMATION

Student's name			
	FIRST	MIDDLE	LAST
Prefers to be called (nickname)		Country of Citizenship	
Birth date			Gender
	MONTH	DAY	YEAR
Grade applying for		Present grade	
Home address			Telephone
City		State	ZIP
Present school			
School address			
City		State	ZIP
Other schools attended during past five years			
How many days was your child absent from school this year?			
If absent for more than 5 days, please explain			

FAMILY INFORMATION

Parent/Guardian name		Relationship to student	
Home address			
City		State	ZIP
Home telephone		Work telephone	
Cell telephone		E-mail address	
Occupation		Employer, or school attending	
Parent/Guardian name		Relationship to student	
Home address			
City		State	ZIP
Home telephone		Work telephone	
Cell telephone		E-mail address	
Occupation		Employer, or school attending	
Family situation (married, domestic partnership, divorced, separated, never married, other)			
Candidate's siblings (Please circle any also applying for admission to SPA this year.)			
Sibling name		Grade/Age	School
Sibling name		Grade/Age	School
Sibling name		Grade/Age	School

List any relatives who attend or have attended SPA, and their relationship to the candidate.

How did your family learn of St. Paul Academy and Summit School?

STUDENT DESCRIPTION

Non-English language education or background Yes No If yes, please explain.

Has your child had any educational assessment, remedial work, or enrichment classes? Yes No

If yes, in what academic areas?

Has your child ever repeated or accelerated any grades? Yes No If yes, please explain.

How would you describe your child's academic school experience so far?

How would you describe your child's social/emotional experience so far?

What benefits do you hope your child would gain from attending SPA?

Has your child completed any additional testing? WISC WPPSI ERB PSAT SAT SSAT ISEE OTHER

If other, please describe:

OPTIONAL

With which ethnic group do you wish to have your child identified? (Please check all that apply.)

- African American
- Asian American
- Caucasian Non-Hispanic
- Latino/Hispanic American
- Middle Eastern American
- Native American
- Other _____

Other schools to which your child is applying

My signature indicates that all information in this application is complete, factually correct, and honestly presented.

Parent/Guardian signature _____ Date _____

Please enclose a non-refundable processing fee of \$75 and return form to

Grades K-5
Admission Office
St. Paul Academy and Summit School
1150 Goodrich Avenue
St. Paul, MN 55105
651-698-2451

Grades 6-12
Admission Office
St. Paul Academy and Summit School
1712 Randolph Avenue
St. Paul, MN 55105
651-698-2451

OPTIONAL:
PLEASE
ATTACH
APPLICANT'S
PHOTO