



Application Form

16 West 5th Street
 St. Paul, MN 55102
 Phone (651) 290-2225
 Fax (651) 290-9000

Send completed applications to

REILINGS@SPCPA.ORG

2021-2022 School Year

STUDENT INFORMATION

| | | | | |
|------------------|-------------------|-----------------|---------------|------------------|
| Legal First Name | Legal Middle Name | Legal Last Name | Current Grade | Enrollment Grade |
| Address | | City | State | Zip |

Arts Programs of Study – Please rank your top choices (1-first choice; 2-second choice; 3rd & 4th choices as desired)

| | | | |
|-------------|-----------------------|--------------------------|------------------------|
| _____ Dance | _____ Theatre | _____ Vocal Arts | _____ Visual Arts |
| | _____ Musical Theatre | _____ Instrumental Music | _____ Creative Writing |

Does this student have a sibling currently enrolled? **YES** **NO**

(Siblings are defined as children who share a legal guardian with a currently enrolled student including foster children)

FAMILY DATA

Parent/Guardian 1

| | | | |
|------------------|------------|-----------------|-------------------------|
| Legal First Name | MI | Legal Last Name | Relationship to Student |
| Home Phone | Work Phone | Mobile Phone | |
| Email | | | |

Parent/Guardian 2

| | | | |
|---|------------|-----------------|-------------------------|
| Legal First Name | MI | Legal Last Name | Relationship to Student |
| Address (if different than Parent/Guardian 1) | | City | State |
| | | Zip | |
| Home Phone (if different) | Work Phone | Mobile Phone | |
| Email | | | |

 Signature of Parent/Legal Guardian

 Date signed