



# 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

**2023-24 School Year**

**2024-25 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; 3<sup>rd</sup> & 4<sup>th</sup> choices as desired)

_____ Dance	_____ Theatre	_____ Music: Vocal	_____ Visual Arts
	_____ Musical Theatre	_____ Music: Instrumental	_____ 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