



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

2024-2025 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	_____ 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