



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

2024-25 School Year

2025-26 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