



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

2019-2020 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	___ Musical Theatre	___ Vocal Arts: Vocal Performance	___ Vocal Arts: Singer-Songwriter
___ Instrumental Music: Orchestra	___ Instrumental Music: Jazz	___ Instrumental Music: Contemporary		

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