

APPLICATION FOR ADMISSION



Mission Statement

The mission of the Summit is to provide children with an extraordinary education in a stimulating environment. The school climate will enable students to become a community of learners, develop leadership skills, acquire a strong ethical framework, cultivate an appreciation for the arts, advocate the virtues of a sound body with a sound mind, and achieve their highest potential. Students will discover the joy of learning.

Please attach a recent photo.

Date of Application: _____ Desired School Year Enrollment: _____ Desired Grade Level: _____

Applicant Name: _____
FIRST MIDDLE LAST

Home Address: _____ Phone: _____

City, State Zip: _____ DOB: _____

School Presently Attending: _____ How long at Present School: _____

School/Preschool/Daycare(s) Previously Attended: _____

Reason(s) for Leaving: _____

Sex: M F How did you hear about The Summit? _____

Parent/Guardian 1

Name: _____

Spouse Name: _____

Address: _____
(If different than applicant)

Home Phone: _____

Employer: _____

Occupation: _____

Business Phone: _____

Cell Phone: _____

E-mail: _____

Parent/Guardian 2

Name: _____

Spouse Name: _____

Address: _____
(If different than applicant)

Home Phone: _____

Employer: _____

Occupation: _____

Business Phone: _____

Cell Phone: _____

E-mail: _____

The Summit admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded to students at the school. The Summit does not discriminate on the basis of race, color, religion, national, or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Please complete reverse side.

Student Name: _____ Date: _____

Please list other children in the family, starting with the eldest:

Name	Date of Birth	Present School	Grade

Does your child have any physical problems (sight, hearing, speech, mobility, special medicines, etc.?) Y N

If yes, please explain: _____

Does your child have any special needs about which The Summit should be aware (i.e., medical, emotional, behavioral, learning, etc.) about which The Summit should know? Y N

If yes, please explain:

What activities has your child pursued? _____

Has your child ever repeated or accelerated any grades? Y N If yes, please explain: _____

What are your child's special interests and talents? _____

What, if any are areas we might be able to provide special help or encouragement for your child? _____

Please feel free to provide additional comments here: _____

I hereby give The Summit permission to contact teachers and staff of my child's current or previous school. Y N

Has the applicant ever previously applied to or attended The Summit Preparatory School? Y N

Signature(s) of Parent(s)/Guardian(s): _____

Date

Date

Please enclose the non-refundable application fee of \$150 and return this form to:

The Summit Preparatory School
Admissions Office
2155 W. Chesterfield Boulevard
Springfield, MO 65807

Phone: 417-869-8077
Web: www.thesummitprep.org