

APPLICATION FOR ADMISSION



Please attach a recent photo.

The mission of The Summit Preparatory School is to prepare learners for success by providing a progressive education in a uniquely challenging and supportive environment.

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/Day care(s) Previously Attended: _____

Reason(s) for Leaving: _____

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

Please list any Summit family referrals here.

Parent/Guardian 1

Name: _____

Spouse Name (if not Parent/Guardian 2): _____

Address: _____
(If different than applicant)

Best Phone: _____ This number is: Cell Home Work

Employer: _____

Occupation: _____

Business Phone: _____

E-mail: _____

Parent/Guardian 2

Name: _____

Spouse Name (if not Parent/Guardian 1): _____

Address: _____
(If different than applicant)

Best Phone: _____ This number is: Cell Home Work

Employer: _____

Occupation: _____

Business 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.

APPLICATION PAGE TWO



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

Name	Date of Birth	Present School	Grade

Does your child have any physical challenges (sight, hearing, speech, mobility, special medicines, etc.)? Y N If yes, please explain: _____

Does your child have any special needs of which The Summit should be aware (i.e., medical, emotional, behavioral, learning, etc.) 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 where we might be able to provide special help or encouragement for your child? _____

Additional Comments: _____

The Summit may contact my child's current & previous schools. 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 \$75** and return this form to:

If you have a discount code for the application fee, please enter it here: _____

The Summit Preparatory School
ATTN: Admissions
202 E. Walnut Lawn Street
Springfield, MO 65807

OR

admissions@thesummitprep.org

OR

The Summit Preparatory School
ATTN: Admissions
202 E. Walnut Lawn Street
Springfield, MO 65807

For more information: Phone: 417.869.8077 • Web: www.thesummitprep.org

TRANSCRIPT REQUEST FORM



Parents:

Please complete the information below and return to The Summit Preparatory School.

Thank you,
Amy Maas
Admissions Officer

Transcript Request

The student named below is an applicant for admission to The Summit. Please provide copies of:

- Student grades and standardized tests scores for the current and previous two years
- Disciplinary reports
- Special education or psychological documentation
- Immunization information

Please mail or fax documents to:

The Summit Preparatory School
ATTN: Admissions Office
202 E. Walnut Lawn Street
Springfield, MO 65807

Phone: 417.869.8077

Fax: 417.986.3777

Dear Registrar:

I authorize the release of the above mentioned information for my child to The Summit Prep and allow verbal and written communication for:

Student's Name

DOB

Grade

Parent or Guardian's Signature

Date