Spero Academy Student Application Form

Student Information

☐ 2018-2019 School Year

Student's Legal Name: _____
First Middle Last

EnrollmentGrade:(*Circle one)* K 1 2 3 4 5 6

Address: _____
Street Unit # City State Zip code

Family Data

Sibling Currently Enrolled ☐ Yes ☐ No

Parent/Guardian 1

Parent/Guardian current staff member at Spero Academy ☐ Yes ☐ No

Print Name: _____
First MI Last Relationship ☐ Legal Guardian

Address(if different from student) _____
Street Unit # City State Zip code

Email: _____ **Cell Phone:** _____

Parent/Guardian 2

Print Name: _____
First MI Last Relationship ☐ Legal Guardian

Address(if different from student) _____
Street Unit # City State Zip code

Email: _____ **Cell Phone:** _____

I understand the above information and have provided all necessary information for student enrollment at Spero Academy

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Please complete this application and email to: info@spero.academy
Or Mail/Fax to: Spero Academy Admissions

Date Application received: _____

Date Application entered on list:

Spero Academy 1534 Sixth Street NE, Minneapolis, Minnesota 55413 Phone: 612-465-8600 Fax: 612-465-8603