Spero Academy Student Application Form

Student Information

☐ 2019-2020 School Year

Student's Legal Name: _____
First Middle Last

Enrollment Grade:(*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

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 2701 California Street NE, Minneapolis, Minnesota 55418 Phone: 612-465-8600 Fax: 612-465-8603