



Spero Academy Student Application Form

Student Information

2020- 2021 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:
