

APPRENDE PRIVATE SCHOOL-Student Application

436B Valley School Drive, Valley Park, MO 63088 636.225.0006



Student's Last name: _____ Age: _____ (yrs.)
First name: _____ Middle name: _____
SS#: _____ - _____ - _____ Male or Female: _____ Date of Birth: _____
Address: _____ Grade Entering : _____
City: _____ State _____ Zip _____ Entry date: _____
Home Phone: _____ Term: Fall _____ Spring _____ Summer _____

Last School Attended: _____ Address: _____ Phone: _____
Last Grade Level: _____ Dates Attended : _____
Credits Earned: _____

Father's name: _____ Mother's name: _____

Referred by: _____ Pre-payment terms: Weekly _____ Monthly _____ Semester _____

ADDRESS - Parent's or Guardian's

Address1: Father _____ City _____ State _____ Zip _____

Address2: Mother _____ City _____ State _____ Zip _____

Father's Phone#: Cell _____ Work _____ Employer _____

Mother's Phone#: Cell _____ Work _____ Employer _____

STUDENT AND FAMILY INFORMATION

Nickname: _____

Emergency Contact : _____

Phone# _____

Family Members:

Relation:

Special Interests: _____

Medications: _____

Allergies: _____

Parent's Signature _____ Date: _____

I agree to the APPRENDE SCHOOL policies and procedures and grant permission to request student transcript & records.