

# <u>Candidate Profile - Prospective Student</u>

# BIOGRAPHICAL INFORMATION Permanent Address \_\_\_\_\_ Zip Code Home Telephone \_\_\_\_\_ Gender (please circle) Male Female Place of Birth \_\_\_\_\_\_ State Primary Language \_\_\_\_\_ Country Current School \_\_\_\_\_ Grade 2020/2021 \_\_\_\_\_ **EDUCATION BACKGROUND** Name of Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ School Address \_\_\_\_\_ Zip Code Home School School Type (Circle ALL that apply) Public Private Parochial Other Does this child have an IEP, 504, or other learning difference?\* \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain and attach a copy of their IEP/504 and testing materials.

<sup>\*</sup> Summit does not have a counselor or persons on staff to support students with significant academic or behavior IEPs and/or 504s. We will ask you to complete an "Exchange of Information" form in order for Summit to discuss your student's learning with your child's current educational team. We do this in order to ensure that your child is receiving the very best educational opportunity – whether it is at Summit or another school. We do not generally accept students with an IEP unless the underlying problem is reading or speech or a service that Grant Wood AEA would bring to Summit on a regular basis. If the student's IEP falls into this category, further inquiry will help determine the best fit for the student.

## **FAMILY INFORMATION**

Siblings - Please list all siblings, if any.

Last Name	First Name	Age	Gender	Most Recent School Attended	Alum?	
PARENT/GUARDIAN INFORMATION (Household 1)						
FARLINI/GUARDIAN INI ORIVIATION (Household I)						
Parents are listed according to the household in which the child lives. If your family has two parents living in the same household, please record this information in the parent sections under Household 1. If your family has two parents living in separate households, record one parent's information in Household 1 and the other parent's information in Household 2.						

Summit

<u>Household 1 Information</u>	(Household 1 is	<b>the candidate's</b> p	rimary place of resider	nce)
Permanent Address				
City			State	Zip Code
Telephone #1		Telephone #2		
Household 1 Parent/Guard	dian 1			
Parent/Guardian (circle one):	Father	Mother	Guardian	
Name				
First	Middle Initial		Last	
Occupation/Title			Employer	
Business Address				
Work Telephone			Cell Phone	
Preferred Email				
Household 1 Parent/Guard	dian 2			
Parent/Guardian (circle one):	Father	Mother	Guardian	
Name	Mide	dle Initial	Last	
FIISL	MICC	ле тппа	Last	
Occupation/Title			Employer	
Business Address				
Work Telephone			Cell Phone	
Preferred Email				

Summit Schools does not discriminate on the basis of gender identity, race, color, physical disability, religion, sexual orientation, or national origin in the administration of our admission policies and financial aid programs.

## PARENT/GUARDIAN INFORMATION (Household 2, if applicable)

#### Household 2 Information Permanent Address \_\_\_\_\_ Telephone #1 \_\_\_\_\_ Telephone #2 \_\_\_\_\_ Household 2 Parent/Guardian 1 Guardian Parent/Guardian (circle one): Father Mother Middle Initial Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_ Business Address Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_ Household 2 Parent/Guardian 2 Parent/Guardian (circle one): Father Mother Guardian Name \_\_\_\_\_ Middle Initial Last Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_ Business Address \_\_\_\_\_

<u>Multiple Household Financial Responsibility Chart</u> – please complete this if more than one individual will be paying for student fees.

Cell Phone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Preferred Email

Household #1	Percentage	Household #2	Percentage	Percentage Total
Tuition		Tuition		100%
Extended Day		Extended Day		100%
Lunch		Lunch		100%
All other fees		All other fees		100%
Tutoring		Tutoring		100%

## FINANCIAL AID

$\square$ I will not be applying for Financial Aid for the $u$	ipcoming school year.			
I will be applying for Financial Aid for the upcoming school year. I have included the following documents to be considered eligible for Financial Aid:				
<ul> <li>Financial Aid Application</li> <li>Copy of Federal tax returns from 2019 (or 20</li> <li>Copies of two most recent paystubs from all</li> </ul>	<u> </u>			
AUTHORIZATION				
In consideration of the undertaking by Summit Schools to undersigned agree that the information furnished on the information and materials of any kind received by the sch request, shall be completely confidential and shall not be his/her family, except that the Director of Business & Mar discretion, disclose any part or all thereof to such person	final application forms, together with all nool from any source, or prepared by anyone at its disclosed to anyone, including the candidate and nagement may, for official purposes at his/her			
$\square$ By checking this box, I certify all information sfactually accurate and honestly presented. I undeadmission revocation should the information I has	erstand that I may be subject to possible			
Parent/Guardian Signature	Date			
Parent/Guardian Signature	Date			



# LEARNER PROFILE

### **ABOUT YOUR CHILD**

Child's Nam	ne
1	Please list the academic subjects of greatest interest to your child:
2	Please list the academic subjects of least interest to your child:
3	What do you hope for in your child's education at Summit?
4	Please tell us the type of books your child especially enjoys reading.



5	Describe your child's activities (musical, artistic, literary, theatrical, scientific, athletic, Scouts, Girls/Boys Club, Church,
	Temple, etc.) outside of school:
6	Is there anything else you would like to share about your child that would be helpful for your child's teacher to be aware of.
and/or 504. learning wi best educa IEP unless t	oes not have a counselor or persons on staff to support students with significant academic or behavior IEPs s. We will ask you to complete an "Exchange of Information" form in order for Summit to discuss your student's ith your child's current educational team. We do this in order to ensure that your child is receiving the very tional opportunity – whether it is at Summit or another school. We do not generally accept students with an the underlying problem is reading or speech or a service that Grant Wood AEA would bring to Summit on a sis. If the student's IEP falls into this category, further inquiry will help determine the best fit for the student.
Completed	by:Date:
Signature(s)	) <u> </u>



To be completed by student. What do you feel is your greatest achievement or some especially proud? (Write a paragraph, draw a picture, etc.)	ething of which you are
Completed by:	