



STUDENT #1 INFORMATION

Date: \_\_\_\_\_

Applying to which program? (Circle all that apply): Band Orchestra Choir Other

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Grade Entering in Fall 2025 \_\_\_\_\_

STUDENT #2 INFORMATION

Date: \_\_\_\_\_

Applying to which program? (Circle all that apply): Band Orchestra Choir Other

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Grade Entering in Fall 2025 \_\_\_\_\_

STUDENT #3 INFORMATION

Date: \_\_\_\_\_

Applying to which program? (Circle all that apply): Band Orchestra Choir Other

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Grade Entering in Fall 2025 \_\_\_\_\_

Parent/Guardian Information

Mother/Guardian (please print) \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Father/Guardian (please print) \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

St. Croix Preparatory Academy welcomes applicants regardless of race, ethnicity, socio-economic status, gender, special needs or English as a second language status

Return form to:

St. Croix Preparatory Academy
4260 Stagecoach Trail North
Stillwater, MN 55082