



STUDENT INFORMATION

Student Name (Last) _____ (First) _____ (Middle) _____

Birthdate _____ Age _____ Gender _____

Home Address _____

(City) _____ (State) _____ (Zip) _____

Cell phone _____ Email _____

School _____ Current (2019-20) Grade Level _____

Activities/Interests _____

PARENT/GUARDIAN INFORMATION

Name _____ Check if custodial parent/guardian

Home Address (if different than student) _____

(City) _____ (State) _____ (Zip) _____

Telephone (Home) _____ (Office) _____ (Cell) _____

Email _____

Name _____ Check if custodial parent/guardian

Home Address (if different than student) _____

(City) _____ (State) _____ (Zip) _____

Telephone (Home) _____ (Office) _____ (Cell) _____

Email _____

The undersigned Parent/Legal Guardian authorizes the school listed above to release information requested to the Compass Academy Network:

Signature _____ Date / / _____

Compass Academy Network admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admissions policies, and other school-administered programs.

SCHOOL INFORMATION FORM

Must be completed by School official
Required as part of Student Application



Student Name (Last) _____ (First) _____ (Middle) _____

School _____ Current (2019-20) Grade Level _____

MAP/KAP Score Range (State Achievement Test) for most recent testing:

English Proficient Advanced Date of Test _____

Math Proficient Advanced Date of Test _____

Current GPA _____

Does student qualify for Federal Free or Reduced Lunch Program? Yes No

Does student have required documentation of up-to-date immunization? Yes No

Does student have any disciplinary or other issues that could impact participation
in the Compass Academy summer program? Yes No

If yes, please explain:

Use additional sheet if needed.

I recommend this student Strongly Agree Agree Neutral Disagree Strongly Disagree

Additional Comments

Name of School Representative _____

Title _____

Signature _____ Date / / _____

Return by mail or complete online at www.compassacademynetwork.org/apply

Questions: Contact info@compassacademynetwork.org

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