



STUDENT INFORMATION

Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Activities/Interests \_\_\_\_\_

\_\_\_\_\_

CAN Program Applying To  Joplin  Columbus

Current GPA (Please attach copy of most recent transcript if available): \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Check if custodial parent/guardian

Home Address (if different than student) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Check if custodial parent/guardian

Home Address (if different than student) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (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.

Return by mail, email to [applications@compassacademynetwork.org](mailto:applications@compassacademynetwork.org), or complete online at: [www.compassacademynetwork.org/apply](http://www.compassacademynetwork.org/apply)