

# Candidate Profile – Prospective Student

# **BIOGRAPHICAL INFORMATION**

Name				DOB	
First	Middle	Last			mm/dd/yyyy
Permanent Address					
City			State	Zip Code	
Home Telephone			Gender (please	circle) Male	Female
Place of Birth	State	Country	Primary Language		
Current School				le Grade 2	020/2021
EDUCATION BACKGR	OUND				
Name of Current School				Current Grade	9
School Address					
City			State	Zip Code	
School Type (Circle ALL that apply)	Public	Private	Parochial	Home School	Other
Does this child have an IEP, 504,	or other learni	ng difference?*	Yes	_No	
If yes, please explain and attach	a copy of their	IEP/504 and test	ing materials.		

\* 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	Summit Alum?
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#### PARENT/GUARDIAN INFORMATION (Household 1)

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.

Household 1 Information (Household 1 is the candidate's primary place of residence)

Permanent Address				
City			State	Zip Code
				2.9 0000
			1011e #2	
Household 1 Parent/Guard	dian 1			
Parent/Guardian (circle one):	Father	Mother	Guardian	
Name				
First	Mido	dle Initial	Last	
Occupation/Title			Employer	
Business Address				
Work Telephone			Cell Phone	
Preferred Email				
Household 1 Parent/Guard	<u>dian 2</u>			
Parent/Guardian (circle one):	Father	Mother	Guardian	
Name				
First	Mide	dle Initial	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				
City			State	Zip Code
Telephone #1		Telep	hone #2	
Household 2 Parent/Guard	<u>lian 1</u>			
Parent/Guardian (circle one):	Father	Mother	Guardian	
Name				
First	Midd	le Initial	Last	
Occupation/Title			Employer	
Business Address				
Work Telephone			Cell Phone	
Preferred Email				
Household 2 Parent/Guard	<u>lian 2</u>			
Parent/Guardian (circle one):	Father	Mother	Guardian	
Name				
FIrst	Midd	le Initial	Last	
Occupation/Title			Employer	
Business Address				
Work Telephone			Cell Phone	
Preferred Email				

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

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%

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### FINANCIAL AID

□ I will not be applying for Financial Aid for the upcoming 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:

- Financial Aid Application
- Copy of Federal tax returns from 2019 (or 2018 if 2019 is not yet filed)
- Copies of two most recent paystubs from all income sources

#### AUTHORIZATION

In consideration of the undertaking by Summit Schools to which this Candidate Profile will be submitted, the undersigned agree that the information furnished on the final application forms, together with all information and materials of any kind received by the school from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the candidate and his/her family, except that the Director of Business & Management may, for official purposes at his/her discretion, disclose any part or all thereof to such person or person as he/she deems advisable.

By checking this box, I certify all information submitted in the admissions process is factually accurate and honestly presented. I understand that I may be subject to possible admission revocation should the information I have submitted be false.

Parent/Guardian Signature	Date
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Parent/Guardian Signature \_\_\_\_\_\_Date \_\_\_\_\_