

# AVALON SCHOOL

Grades 7 -12

**Please return to:** AVALON SCHOOL, 1745 University Ave., St. Paul, MN 55104  
Phone 651-649-5495 or Fax 651-649-5462

## Student Application

### STUDENT INFORMATION

Date \_\_\_\_\_

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

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

City \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone# \_\_\_\_\_

Grade in fall of 2009 \_\_\_\_\_

Last school attended, year, and city \_\_\_\_\_

Student's Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Gender (check one) Male \_\_\_ Female \_\_\_  
month day year

Siblings at Avalon \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent 1/Guardian (please print) \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email address (if any) \_\_\_\_\_

Parent 2/Guardian (please print) \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email address (if any) \_\_\_\_\_

AVALON places a strong emphasis on parent involvement in school projects and activities.

I am aware that parents/guardians and students will be asked to sign a *written family covenant* that details goals, expectations, and responsibilities for the student, parent(s), teachers and the school (including possible school enrichment, community service, and joint volunteer activities):

Signature and relation of person completing registration form: \_\_\_\_\_