

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# _____

Applying for 2008-2009: Yes/No If yes, current grade _____

Applying for 2009-2010: Yes/No If yes, 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: _____