

Summit School Application Form

Applicant

Name: _____
First Middle Last Nickname

Date of Birth: _____ Sex: Male Female

Applying for grade: _____ For the school year: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Current School

School Name: _____
Present Grade Dates Attended: From/To

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parent 1

Name: _____
Title First Middle Last

Check if
address is same
as applicant's

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer: _____ Position or Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ Cell Phone: _____

Summit Alum: Yes No

Parent 2

Name: _____
Title First Middle Last

Check if
address is same
as applicant's

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer: _____ Position or Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ Cell Phone: _____

Summit Alum: Yes No

Other

Please list the names of relatives who attend or have attended Summit School.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please enclose a \$50 application fee, payable to Summit School, 2100 Reynolda Road, Winston-Salem NC 27106.