



Admissions Application

Print clearly, in ink; complete both pages.

APPLICANTS START HERE ↓

PROGRAM INTEREST (SELECT ONLY ONE):

Medical Administrative Assistant
Information Technology
**Background Sensitive*

Electrician
Carpentry
GED
**Felony Friendly*

TODAY'S DATE: _____

Have you enrolled here previously? Yes No 4/20/20 Cohort 6/30/20 Cohort 9/8/20 Cohort

NAME: _____
First Middle Last

ADDRESS: _____ APT.: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

CELL PHONE: _____ OTHER PHONE: _____

E-MAIL: _____ BIRTHDATE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

GENDER: Male Female Other
MARITAL STATUS: Single Married Separated Divorced Widowed

CITIZENSHIP(CHECK ONE) : U.S. Citizen Permanent Resident Non-citizen or Permanent Resident
Nationality: American Other(PleaseList): _____

ETHNICITY/RACE: Are you of Hispanic or Latino origin? Yes No
What is your race? Check one or more of the following: White Black or African-American Asian
American Indian/Alaskan Native Pacific Islander / Native Hawaiian
Two or More Other: _____

EDUCATION LEVEL (CHECK ALL THAT APPLY):

HIGH SCHOOL: Yes No NAME OF HS _____
CITY _____ STATE _____ GRADUATION YEAR _____
GED: Yes No NAME OF GED TEST CENTER _____
CITY _____ STATE _____ GRADUATION YEAR _____

7th Grade 8th Grade 9th Grade 10th Grade 11th Grade
SOME COLLEGE: Yes No ASSOCIATE'S DEGREE: Yes No
BACHELOR'S DEGREE OR HIGHER: Yes No

How did you hear about Summit Academy? (Please check any boxes; and write in specific source)

Internet Search (Google, Bing, Yahoo)	Friend/Family
Digital Radio (Spotify, Pandora)	Outdoor Billboard
Social Media (Facebook, Twitter)	TV (Which Station) _____
Online Advertisement	Radio (Which Station) _____

REFERRED BY:

Family/Friend: _____	Religious Institution: _____
Hennepin County: _____	Summit Student/Alumni: _____
Organization: _____	STS/Corrections: _____
Parole Officer: _____	Workforce Center Location: _____
Ramsey County: _____	Other: _____

Best method of contact for official school communication:

Phone Email Text Message Postal Mail

I give permission to Summit Academy OIC to send me updates via text messaging (standard messaging charges may apply).

- *Summit Academy OIC adheres to the principle that all persons regardless of race, color, creed, religion, national origin, sex, disability, sexual orientation, marital status or status with regard to public assistance have equal opportunity and access to admissions, employment, facilities and all programs and activities of the school. All information is kept confidential.*
- *I understand that I must submit all materials required for admission to Summit Academy OIC **PRIOR** to admittance.*
- *I hereby certify that the information on this application is accurate and complete to the best of my knowledge. I understand that I must update data on this application if circumstances change the accuracy of the previously provided information.*

Signature of Applicant

Date

CELL PHONE: _____

PHONE SERVICE PROVIDER (EX. T-MOBILE): _____