

Application for Admission

Please complete and return to the Admission Office

Place
Photo
Here
(optional)

Please PRINT all information requested. International applicants: please complete information below as seen on your passport.

Student Applicant Information

Last (Family) Name

First (Given) Name Middle

Prefers To Be Called

Entering CPPA (Year/Month) Current Grade Entering Grade

Upper School (9 - 12) **Middle School (6 - 8)** **Lower School (Pre-K - 5)**

Student Resides With:

Mother & Father Mother Father Guardian

Parents Marital Status

Parent Or Guardian Names

Student Applicant Residence:

Street Address

City State Zip

Country

Student's Email Address

Male Female Date Of Birth (Month/Day/Year)

Birthplace Country of Citizenship

Ethnic Origin (Optional)

African/American Latino/Hispanic Native American
 Asian/American Middle Eastern/American Multiracial
 Caucasian

Native Language/Language Spoken At Home? /

Is The Applicant Fluent In English? Yes No

FOR OFFICE USE ONLY

GRADE _____ M / F

Applicant's Current School Please complete in full.

Name

Street Address

City State Zip

Country

Dates Attended

Phone Number Fax Number

Other Schools and Dates Attended In The Last Three Years

From - To

From - To

Mailing Address

Please Complete If The Mailing Address Is Different From The Student's Address

Name

Street Address

City State Zip

Country

Phone Number

For Billing Only

Name Relationship

Street Address

City State Zip

Country

Home Phone Number Business Phone Number

Fax Number

Firm

Father/Guardian Information

Dr. Mr.
 Rev. Other _____

Name (Indicate Title Above)

Prefers To Be Called

Street Address

City State Zip

Country

Home Phone Number Cell Phone Number

Email Address

_____ Will Receive Mailings? Yes No

Employer

Profession Position

Business Street Address

City State Zip

Country

Business Phone Number Fax Number

Stepfather's Information

Dr. Mr.
 Rev. Other _____

Name (Indicate Title Above)

Prefers To Be Called

Street Address

City State Zip

Country

Home Phone Number Cell Phone Number

Email Address

_____ Will Receive Mailings? Yes No

Employer

Profession Position

Business Street Address

City State Zip

Country

Business Phone Number Fax Number

Mother/Guardian Information

Dr. Mrs.
 Ms. Other _____

Name (Indicate Title Above)

Prefers To Be Called

Street Address

City State Zip

Country

Home Phone Number Cell Phone Number

Email Address

_____ Will Receive Mailings? Yes No

Employer

Profession Position

Business Street Address

City State Zip

Country

Business Phone Number Fax Number

Stepmother's Information

Dr. Mrs.
 Ms. Other _____

Name (Indicate Title Above)

Prefers To Be Called

Street Address

City State Zip

Country

Home Phone Number Cell Phone Number

Email Address

_____ Will Receive Mailings? Yes No

Employer

Profession Position

Business Street Address

City State Zip

Country

Business Phone Number Fax Number

Maternal Grandparent(s)

Name (Please Include Title) _____

Home Street Address _____

City _____ State _____ Zip _____

Country _____

Home Phone Number _____

Paternal Grandparent(s)

Name (Please Include Title) _____

Home Street Address _____

City _____ State _____ Zip _____

Country _____

Home Phone Number _____

Additional Grandparent(s)

Name (Please Include Title) _____

Home Street Address _____

City _____ State _____ Zip _____

Country _____

Home Phone Number _____

Are you interested in need-based financial aid? Yes No

Please list the following information on all siblings:

Name _____

Birthdate _____ Current School _____

Currently Applying to CPPA No Yes

Currently Attending CPPA No Yes

Graduated from CPPA No Yes Class of _____

Name _____

Birthdate _____ Current School _____

Currently Applying to CPPA No Yes

Currently Attending CPPA No Yes

Graduated from CPPA No Yes Class of _____

Name _____

Birthdate _____ Current School _____

Currently Applying to CPPA No Yes

Currently Attending CPPA No Yes

Graduated from CPPA No Yes Class of _____

Name _____

Graduated No Yes Class of _____

Dates Of Attendance _____ Relationship To Applicant _____

Name _____

Graduated No Yes Class of _____

Dates Of Attendance _____ Relationship To Applicant _____

[How Did you hear about Creative Pathways Preparatory Academy?](#)

By signing below, each of us hereby authorize Creative Pathways to contact schools and other sources to obtain information to support this application and will not seek access to confidential recommendation and evaluation materials before or after student's admission. The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of such records, documents and other information provided to Creative Pathways for that purpose.

By signing below, each of us declare that the information provided in this Application, accompanying documentation, and in any interview is/will be true, complete and accurate in all respects. I/we understand that information found to be false, misleading, or unsatisfactory in any aspect (in the School's judgment) is grounds for non-admission or dismissal.

Signatures of both parents (if living) or legal guardian(s):

_____ Date _____

_____ Date _____

All admission decisions are based on the information provided by the applicant as fact. Creative Pathways Preparatory Academy reserves the right to reconsider any admission decision should any information be misrepresented, undisclosed, or untrue.

Applicant Questionnaire

To be completed by students applying to Grades 6-12.

I understand that Creative Pathways Preparatory Academy operates under an honor and ethics code. No Student of CPPA will lie, cheat, steal, or bully. If admitted and enrolled, I promise that as a CPPA student to abide by the honor and ethics code. I understand that CPPA regulations forbids the use of drugs and alcohol by all students.

Student Applicant Signature

These questions are to be answered by the applicant in his/her own handwriting. Please be as complete as possible. Where necessary, please attach a separate paper.

List school activities in which you have been involved. _____

Which activities at CPPA interest you _____

List awards or honors you have received. _____

What makes you the interesting person you are? (Be sure to include the qualities you like best about yourself.) _____

How do you learn Best: hands on, _____

Videos, lectures , worksheets, computer _____

group projects, other _____

What do you like best and least about your school? _____

Write a short paragraph explaining why you want to attend CPPA (Approx. 35-50 words) _____

(For International applicants.) Why would you like to study in the United States? _____
