



# Application

## I. Student Applicant Information (please attach a recent photo)

Entering School Year		Proposed Grade	
Student's First Name		Date of Birth	
Middle Name		Social Security #	
Last Name		<input type="checkbox"/> M	<input type="checkbox"/> F
Preferred Nickname			
Home Address			
		Zip Code:	
Applicant lives with	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Parent/Guardian 1	<input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Other:
Family Status	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Joint Custody w/:
	<input type="checkbox"/> Separated	<input type="checkbox"/> Sole Custody	<input type="checkbox"/> Other:
Previous application to Topeka Collegiate	<input type="checkbox"/> None	Date(s):	
Please list any health, education or other needs which may require special attention.			
What activities or interests inspire this applicant?			

## II. Parent/Guardian Information (please use Addendum sheet for additional guardians)

Parent/Guardian 1		Parent/Guardian 2	
Send Correspondence	<input type="checkbox"/> Academic <input type="checkbox"/> Financial	Send Correspondence	<input type="checkbox"/> Academic <input type="checkbox"/> Financial
First Name		First Name	
Middle Name		Middle Name	
Last Name		Last Name	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> _____	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> _____
Relationship to Applicant		Relationship to Applicant	
Social Security #		Social Security #	
Home Address		Home Address	
<input type="checkbox"/> Same as Applicant		<input type="checkbox"/> Same as Applicant	
Cell Phone #		Cell Phone #	
Email		Email	
Employer		Employer	
Job Title		Job Title	
Work Phone #		Work Phone #	

## III. Grandparent Information (so we can invite them to special events at the school)

Full Name	<input type="checkbox"/> Paternal	Full Name	<input type="checkbox"/> Paternal
Phone #	<input type="checkbox"/> Maternal	Phone #	<input type="checkbox"/> Maternal
Address		Address	
Email		Email	
Full Name	<input type="checkbox"/> Paternal	Full Name	<input type="checkbox"/> Paternal
Phone #	<input type="checkbox"/> Maternal	Phone #	<input type="checkbox"/> Maternal
Address		Address	
Email		Email	



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**Student Name:** \_\_\_\_\_

## IV. Family & Friends Information

	Name	Age	Current School	Grade
Applicant's	1			
Siblings	2			
	3			

Please list any friends or family who have attended Topeka Collegiate.

How did you hear about Topeka Collegiate?

<input type="checkbox"/> Advertising	<input type="checkbox"/> Invitation/Referred by: _____
<input type="checkbox"/> Website	<input type="checkbox"/> TCS/Community program: _____
<input type="checkbox"/> Facebook	<input type="checkbox"/> General Reputation
	<input type="checkbox"/> Other: _____

## V. Current and Previous School Information

Current School		District	
Dates Attended		Current Grade	
Address		Telephone #	
		Fax #	
Principal/Head			
Guidance Counselor			
English Teacher			
Math Teacher			

	Name	City/State	Dates Attended	Grade Completed
Previous Schools	1			
	2			
	3			

## VI. Authorization & Instructions

**Instructions** Please return this completed form and \$100 fee, payable to Topeka Collegiate School, and submit to: Topeka Collegiate School, 2200 SW Eveningside Drive, Topeka, KS 66614

**Parent/Guardian's Authorization** By signing this form and enclosing the application fee, I understand that the applicant will be considered for the grade and year indicated on this form, and Topeka Collegiate School may request transcripts and recommendations from the applicant's previous schools. I also understand that the application fee is not refundable.

X \_\_\_\_\_  
 Parent/Guardian Signature Date

**Financial Information** Who will be financially responsible for the student's account?  
 Full Name(s): \_\_\_\_\_  
 Relationship(s) to applicant: \_\_\_\_\_  
 Do you plan to apply for financial aid?  Yes  No

**Applicant's Ethnicity (Reponse optional)**

<input type="checkbox"/> African American	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian American	<input type="checkbox"/> Multiracial American
<input type="checkbox"/> European American	<input type="checkbox"/> Pacific Islander American
<input type="checkbox"/> Latino/Hispanic American	<input type="checkbox"/> International:
<input type="checkbox"/> Middle Eastern American	



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## ADDENDUM: Additional Parent/Guardian Information

Parent/Guardian 3		Parent/Guardian 4	
Send Correspondence	<input type="checkbox"/> Academic <input type="checkbox"/> Financial	Send Correspondence	<input type="checkbox"/> Academic <input type="checkbox"/> Financial
First Name		First Name	
Middle Name		Middle Name	
Last Name		Last Name	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> _____	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> _____
Relationship to Applicant		Relationship to Applicant	
Social Security #		Social Security #	
Home Address		Home Address	
<input type="checkbox"/> Same as Applicant		<input type="checkbox"/> Same as Applicant	
Cell Phone #		Cell Phone #	
Email		Email	
Employer		Employer	
Job Title		Job Title	
Work Phone #		Work Phone #	

## ADDENDUM: Additional Grandparent Information

Full Name	<input type="checkbox"/> Paternal	Full Name	<input type="checkbox"/> Paternal
Phone #	<input type="checkbox"/> Maternal	Phone #	<input type="checkbox"/> Maternal
Address		Address	
Email		Email	
Full Name	<input type="checkbox"/> Paternal	Full Name	<input type="checkbox"/> Paternal
Phone #	<input type="checkbox"/> Maternal	Phone #	<input type="checkbox"/> Maternal
Address		Address	
Email		Email	