



# Application

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

Entering School Year	Proposed Grade		
Student's Full Name	<input type="checkbox"/> M <input type="checkbox"/> F		
Social Security #			
Preferred Nickname	Date of Birth		
Home Address			
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"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Sole Custody	<input type="checkbox"/> Joint Custody w/ <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 Correspondance	<input type="checkbox"/> Academic <input type="checkbox"/> Financial	Send Correspondance	<input type="checkbox"/> Academic <input type="checkbox"/> Financial
Relationship to Applicant		Relationship to Applicant	
Social Security #		Social Security #	
Full Name		Full Name	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
Home Address	<input type="checkbox"/> Same as Applicant	Home Address	<input type="checkbox"/> Same as Applicant
Home Phone #		Home Phone #	
Mobile Phone #		Mobile Phone #	
E-mail		E-mail	
Employer		Employer	
Job Title		Job Title	
Business Address		Business Address	
Business Phone		Business Phone	

continued on back

# Application (continued)

## III. Family & Friends Information

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

Please list any friends or family who have attended Collegiate

How did you hear about Topeka Collegiate?

☐ TCS/community program:  
 (Tell us which one)

- ☐ Advertising   
 ☐ General Reputation   
 ☐ Website   
 ☐ Invitation/Referred by:  
☐ Facebook   
 ☐ Other:

## IV. Current and Previous School Information

Current School				District	
Dates Attended				Current Grade	
Address				Telephone	
				Fax	
Principal/Head					
Guidance Counselor					
English Teacher					
Math Teacher					
Previous Schools	Name	City/State	Dates Attended	Grade Completed	
1.					
2.					
3.					

## V. Authorization & Instructions

**Instructions** Please return this completed form and \$100 application fee (payable to Topeka Collegiate School) to: Topeka Collegiate School, Admissions Office, 2200 SW Eveningside Dr., 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 Aid** Do you plan to apply for financial aid? ☐ Yes ☐ No

**Applicant Ethnicity (Response 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	



# Application (addendum)

ADDENDUM: Additional Parent/Guardian Information	
<b>Parent/Guardian 3</b>	<b>Parent/Guardian 4</b>
<b>Send Correspondance</b> <input type="checkbox"/> Academic <input type="checkbox"/> Financial	<b>Send Correspondance</b> <input type="checkbox"/> Academic <input type="checkbox"/> Financial
<b>Relationship to Applicant</b>	<b>Relationship to Applicant</b>
<b>Social Security #</b>	<b>Social Security #</b>
<b>Full Name</b>	<b>Full Name</b>
<b>Title</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	<b>Title</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
<b>Home Address</b> <input type="checkbox"/> Same as Applicant	<b>Home Address</b> <input type="checkbox"/> Same as Applicant
<b>Home Phone #</b>	<b>Home Phone #</b>
<b>Mobile Phone #</b>	<b>Mobile Phone #</b>
<b>E-mail</b>	<b>E-mail</b>
<b>Employer</b>	<b>Employer</b>
<b>Job Title</b>	<b>Job Title</b>
<b>Business Address</b>	<b>Business Address</b>
<b>Business Phone</b>	<b>Business Phone</b>