



IPOLY HIGH SCHOOL
Form 1: APPLICATION FOR ADMISSION (2021-22 School Year)

APPLICANT INFORMATION

Please print or type

Student name: _____ Birthdate: ____/____/____
Last First Middle Month/Day/Year

Student Email address: _____ Gender: female male non-binary

Home address: _____ Primary Phone (_____) _____
Street address City State Zip Code

Applying for grade: 9 10 11 12 Have you previously applied to IPoly? No Yes

Did you attend a virtual information session or open house? No Yes _____
date attended

How did you hear about IPoly High School? _____

FAMILY INFORMATION

Do you have a sibling who has attended IPoly? If yes, please provide name and year(s) of attendance: _____
(Leave blank if no siblings have attended)

Student resides with: both parents mother/guardian father/guardian

Mother/Guardian Information

Name: _____
First Last

Address: _____
Street address

City State Zip Code

Home telephone (_____) _____

Work telephone (_____) _____

Cell telephone (_____) _____

Email Address _____

Father/Guardian Information

Name: _____
First Last

Address: _____
Street address

City State Zip Code

Home telephone (_____) _____

Work telephone (_____) _____

Cell telephone (_____) _____

Email Address _____