



IPOLY HIGH SCHOOL
Form 1: APPLICATION FOR ADMISSION (2024-25 School Year)

Today's Date: _____ / _____ / _____
month / date / year

APPLICANT INFORMATION

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

Current grade level: 8 9 10 11 12 Have you previously applied to IPoly? No Yes

Applying for grade: 9 10 11 12 Applying for which semester? fall/1st semester spring/2nd semester

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

How did you hear about IPoly High School? _____

What school are you currently attending? _____
School Name City

Current school type: Public Private Other: _____

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

Father/Guardian Information

Name: _____
First Last

Name: _____
First Last

Address: _____
Street Address

Address: _____
Street Address

City State Zip Code

City State Zip Code

Home telephone (_____) _____

Home telephone (_____) _____

Work telephone (_____) _____

Work telephone (_____) _____

Cell telephone (_____) _____

Cell telephone (_____) _____

Email Address _____

Email Address _____