



SPARK Academy Application Form

Please complete this form and send this and all other required forms in one envelope to:

SPARK Academy of Advanced Technologies
ATTN: Admissions
1066 Front St.
Manchester, NH 03102

Student's Information

First Name: _____

Middle Name: _____

Last Name: _____

Preferred Name (if different from First Name): _____

Date of Birth: _____ (must include copy of birth certificate with application)

Current Grade: _____ Applying For Grade: _____

Mailing Address: _____

City or Town in New Hampshire: _____ Zip Code: _____

Parent / Guardian Information

Parent / Guardian Name (1): _____

Relation to Student: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

Email: _____

Check this box if Mailing Address same for the Student Applicant

Mailing Address: _____

City / Town in New Hampshire: _____

Zip Code: _____

Parent / Guardian Name (2): _____

Relation to Student: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

Email: _____

Check this box if Mailing Address same for the Student Applicant

Mailing Address: _____

City / Town in New Hampshire: _____

Zip Code: _____

DOES THIS APPLICANT HAVE SIBLINGS AT SPARK ACADEMY? (Check one)

YES _____

NO _____