



Student Application

Student First Name _____ Middle Initial ____ Last Name _____

Address _____ Apt. No. _____

City _____ State _____ Zip _____ Date of Birth _____
MO/DAY/YEAR

Student Social Security Number _____ TPS Student ID (if known) _____

Student Cell Phone _____ Student Email _____

Parent/Guardian Cell Phone _____ Parent/Guardian Email _____

Parent/Guardian address if different than student address above:

Address City State Zip

Are you currently enrolled in the Tulsa Public School District? Yes No

If no, where are you currently enrolled? _____

Last School Attended _____

Last Grade Completed ____ Are you on an IEP (Individual Education Plan) Yes No

Why are you interested in becoming part of the Street School family? _____

What subject areas in school have been difficult for you in the past? _____

Why do you feel traditional school has not worked for you in the past? _____

What do you need to be successful in school? _____

Save and return by email to intake counselor Catherine Stow at stowca@tulsaschools.org