



**SKYLINE MATH AND SCIENCE ACADEMY
CHARTER SCHOOL DISTRICT 4255
ENROLLMENT FORM**

Student Information

(Please Complete All Information Requested & Return to the Above Address)

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: _____ Grade Applying For in 2019/20: _____ Previous Grade: _____

Parent/Guardian/Family Information

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship to student: _____ Email: _____

Parent/Guardian 2:

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship to student: _____ Email: _____

Please List Other Children Living in the Home Who Have Applied for Enrollment:*

	Name	Relationship	Current School	Grade

* According to Minnesota statute 124.E11, a charter school shall give preference for enrollment to a sibling of an enrolled student and to a foster child of that parent and may give preference for enrolling children of the school's teachers before accepting other students by lottery. For this purpose, we request that you list above all children who are currently enrolled have applied for enrollment at Skyline.

In order to enroll for kindergarten, students must turn 5 on or before October 30 of enrollment year.

All Enrollment Forms must be received between Feb 1, 2021 and June 30th, 2021 to be included in the ANNUAL LOTTERY on July 1st, 2021. Lottery will be conducted in accordance to our enrollment policy. Return applications to a school board member, school representative, mail to Skyline Math and Science Academy, 2600 26th Ave S Mpls, MN 55406, or drop off in person at the school.

I certify that the information on this is accurate to the best of my knowledge:

Parent name: _____

Parent/Guardian Signature: _____

