



SKYLINE MATH AND SCIENCE ACADEMY CHARTER SCHOOL
DISTRICT 4255

SKYLINE ENROLLMENT APPLICATION FORM

Instructions: Please Complete All Information Requested & Return to the Address Below, one application form for each student. Understand Skyline’s Enrollment policy and procedures starting at <https://skylinemsa.org/enroll/>. In order to enroll for Kindergarten and First Grade, students must turn 5 and 6 on or before September 1st of the enrollment year.

Student Information

Circle the school year you are applying for: 2022-23 2023-24

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: _____ Grade Applying For: _____ 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 gives preference for enrolling children of the school’s staff before accepting other students by lottery. For this purpose, we request that you list above all children who are currently enrolled or have applied for enrollment at Skyline.

Return the application to the school by mailing it to: Skyline Math and Science Academy, 2600 26th Ave S Mpls, MN 55406, or drop it off in person at the school.

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

Parent name: _____ **Date:** _____

Signature: _____