



[Office Use Only] On Time: Y/N Enrolled Y/N Date Received: \_\_\_\_\_ Wait List # \_\_\_\_\_

# Application for Enrollment 2016-2017

*Agamim Classical Academy admits students without regard to race, ethnicity, gender, religion, national origin, or ability.*

**Please complete one form per child. Please print neatly.**

**STUDENT FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**PARENT/GUARDIAN FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_ **MOBILE PHONE:** \_\_\_\_\_

**GUARDIAN EMAIL ADDRESS:** \_\_\_\_\_

**PARENT/GUARDIAN FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_ **MOBILE PHONE:** \_\_\_\_\_

**GUARDIAN EMAIL ADDRESS:** \_\_\_\_\_

- ❖ Minnesota law and Agamim Classical Academy require all students to be 5 years of age by September 1 of their Kindergarten year.
- ❖ Minnesota law and Agamim Classical Academy require all students to be 6 years of age by September 1 of their 1<sup>st</sup> grade year.

\_\_\_\_\_ My child is applying for KINDERGARTEN and will be 5 years of age by September 1, 2016. \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ My child is applying for FIRST GRADE and will be 6 years of age by September 1, 2016. \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ My child is applying for SECOND GRADE. \_\_\_\_\_ My child is applying for FOURTH GRADE.

\_\_\_\_\_ My child is applying for THIRD GRADE. \_\_\_\_\_ My child is applying for FIFTH GRADE.

- ❖ Due to sibling enrollment preference required by Minn. Stat. §124.D10 Subd. 9, Agamim Classical Academy asks that you identify siblings who are concurrently applying for admission at Agamim Classical Academy:

**SIBLING NAME:** \_\_\_\_\_ **GRADE IN 2016-17:** \_\_\_\_\_

**SIBLING NAME:** \_\_\_\_\_ **GRADE IN 2016-17:** \_\_\_\_\_

**TO SUBMIT:** Please complete this form and return by email to [info@agamim.org](mailto:info@agamim.org), by fax to 952-856-2728, or by mail to Agamim Classical Academy, 1503 Boyce Street, Hopkins, MN 55343. **All forms must be POSTMARKED OR RECEIVED BY January 29, 2016** to be considered for the lottery for the 2016-2017 academic year. Forms received after this date will be processed in the order in which they are received. For assistance, please call 952-856-2531.

*I understand that providing false or inaccurate information will void this application and release my spot to the next child on the waiting list.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_