



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

Application for Enrollment 2017-2018

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 1st grade year.

_____ My child is applying for KINDERGARTEN and will be 5 years of age by September 1, 2017. _____ YES _____ NO

_____ My child is applying for FIRST GRADE and will be 6 years of age by September 1, 2017. _____ YES _____ NO

_____ My child is applying for SECOND GRADE. _____ My child is applying for FIFTH GRADE.

_____ My child is applying for THIRD GRADE. _____ My child is applying for SIXTH GRADE.

_____ My child is applying for FOURTH 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 2017-18: _____

SIBLING NAME: _____ GRADE IN 2017-18: _____

TO SUBMIT: Please complete this form and return by email to 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 31, 2017** to be considered for the lottery for the 2017-2018 school year. Forms received after 1/31/2017 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: _____