



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

Application for Enrollment 2018-2019

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, 2018. _____ YES _____ NO

_____ My child is applying for FIRST GRADE and will be 6 years of age by September 1, 2018. _____ 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. _____ My child is applying for SEVENTH 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 2018-19:** _____

SIBLING NAME: _____ **GRADE IN 2018-19:** _____

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, 2018 to be considered for the lottery for the 2018-2019 school year. Forms received after 1/31/2018 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:** _____