



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

Application for Enrollment 2019-2020

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. ALL INFORMATION IS REQUIRED.

STUDENT FIRST NAME: _____ **LAST NAME:** _____ (Print neatly)

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____

PARENT/GUARDIAN FIRST NAME: _____ **LAST NAME:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DAYTIME PHONE: _____ **MOBILE PHONE:** _____ (Print neatly)

GUARDIAN EMAIL ADDRESS: _____ (Print neatly)

PARENT/GUARDIAN FIRST NAME: _____ **LAST NAME:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DAYTIME PHONE: _____ **MOBILE PHONE:** _____ (Print neatly)

GUARDIAN EMAIL ADDRESS: _____ (Print neatly)

❖ 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, 2019. _____ YES _____ NO

_____ My child is applying for FIRST GRADE and will be 6 years of age by September 1, 2019. _____ 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.

_____ My child is applying for EIGHTH GRADE.

**GRADE IN
2019-20**

❖ Due to sibling/foster child enrollment preference required by Minn. Stat. §124.D10 Subd. 9, Agamim Classical Academy asks that you identify siblings/foster siblings who also are applying for admission at Agamim Classical Academy in 2019-2020:

SIBLING NAME: _____ **GRADE IN 2019-20:** _____

SIBLING NAME: _____ **GRADE IN 2019-20:** _____

TO SUBMIT: Please complete this form and return by email to enrollment@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, 2019** to be considered for the lottery for the 2019-2020 school year. Forms received after 1/31/2019 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:** _____