

Please complete in INK.



MINNEAPOLIS
ACADEMY
The road to college

STUDENT REGISTRATION FORM

Student MARSS # (FROM OLD SCHOOL) _____ Entry Date: _____ Entering Grade: _____

PLEASE PRINT

Student Name _____ M _____ F _____
Last First Middle Sex

Home Address _____ Apartment # _____

City _____ ZIP Code _____ Home Phone # _____

Birth date _____ Birthplace _____ Student's Social Security # _____ / _____ / _____
M/D/YR Home Language

Student's E-mail Address (if any) _____

Previous School/SUMMER SCHOOL Attended _____ District _____

Previous School Address _____

Student lives with: ___ Parent (s) ___ Guardian ___ Foster Care ___ Other

PARENT/GUARDIAN INFORMATION (PLEASE PRINT IN INK)

Mother/Guardian

Name _____ Home Phone _____ Work Phone _____

Home Address _____ City _____ Zip Code _____

Email Address (if any) _____ Social Security # _____ / _____ / _____

Place of Employment _____ Address: _____

Father/Guardian

Name _____ Home Phone _____ Work Phone _____

Home Address _____ City _____ Zip Code _____

Email Address (if any) _____ Social Security # _____ / _____ / _____

Place of Employment _____ Address: _____

Languages Spoken at Home _____

Name/Age/Grade of children in the family under the age of 21:

Does your child have a disability? Y N If yes, explain: _____

Does your child currently have a 504 plan? Y N

Has your child ever been identified for Special Education services? Y N

Does your child currently have a Special Education IEP? Y N

Has your child been expelled from School? Y N

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____