



9060 Zanzibar Lane North
Maple Grove, MN 55311
Phone: 763-546-9999
www.beaconacademy.com

Kindergarten – 8th Grade

INITIAL ENROLLMENT FORM

Applying for School Year _____ - _____

Applying for Grade _____

STUDENT INFORMATION

Child's Last Name _____

Child's First Name _____

Child's Middle Name _____

Child's Home Street Address _____

Apt# _____

City _____

State _____

Zip Code _____

() _____
Home Phone

Name of school district where the child's home is located: _____

PARENT/GUARDIAN INFORMATION

1. _____
Parent/Guardian Name Relationship Email

() _____
Work Phone

() _____
Cell Phone

() _____
Home Phone (if different from above)

Address (if different from above) _____

Apt# _____

City _____

State _____

Zip Code _____

2. _____
Parent/Guardian Name Relationship Email

() _____
Work Phone

() _____
Cell Phone

() _____
Home Phone (if different from above)

Address (if different from above) _____

Apt# _____

City _____

State _____

Zip Code _____

Name of child's legal guardian(s) if different from guardian(s) listed above: _____

Name of siblings and grades applying for or attending Beacon: _____

Mail or hand deliver only. No faxes or electronic submissions will be accepted.

FOR OFFICE USE ONLY:

JMC Schedule MARSS Lunch NWEA Primary Emergency System

Offer: _____ Initials: _____ Deadline: _____ Accept Decline No Response Date: _____ Initials: _____

Start date: _____ Teacher: _____ Class: _____ Bus: _____