



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 Full Middle Name _____

Child's Home Street Address _____ Apt# _____ City _____ State _____ Zip Code _____

() _____ / _____ / _____ M / F
Home Phone Birthdate Age Gender

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): _____

Continue: _____

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: _____