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| FOR OFFICE USE ONLY: | |
| Date Rec'd: | _____ |
| Time Rec'd: | _____ |
| Staff Initial: | _____ |

Kindergarten – 8th Grade

INITIAL ENROLLMENT FORM

Applying for School Year 20 - 20

Applying for Grade _____

****For Kindergarten admission, children must be 5 years old by September 1 of the school year applying for.**

STUDENT INFORMATION (Please fill out a separate form for each child)

| | | | |
|--------------------------------------------|-----------------------------------------------------------|------------|---------------------|
| Child's Last Name | Child's First Name | | Child's Middle Name |
| Child's Home Street Address | Apt # | City/State | Zip Code |
| Phone # where you would like to be reached | Name of School District where the child's home is located | | |

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PARENT/GUARDIAN INFORMATION

| | | | |
|------------------------------------------|--------------|--------------------------------------|----------|
| 1. Parent/Guardian Name | Relationship | E-mail | |
| Work Phone | Cell Phone | Home Phone (if different from above) | |
| Street Address (if different from above) | Apt # | City/State | Zip Code |

| | | | |
|------------------------------------------|--------------|--------------------------------------|----------|
| 2. Parent/Guardian Name | Relationship | E-mail | |
| Work Phone | Cell Phone | Home Phone (if different from above) | |
| Street Address (if different from above) | Apt # | City/State | Zip Code |

| Sibling(s) attending and/or applying for Beacon | Grade | Please check if sibling: |
|-------------------------------------------------|-------|--------------------------------------------------------------------------------------|
| | | <input type="checkbox"/> currently attends <input type="checkbox"/> is also applying |
| | | <input type="checkbox"/> currently attends <input type="checkbox"/> is also applying |
| | | <input type="checkbox"/> currently attends <input type="checkbox"/> is also applying |

Please submit to Beacon office by mail, fax, email or in person.

3415 Louisiana Ave N, Crystal, MN 55427 www.beaconacademy.com
 Phone: 763-546-9999 Fax: 763-416-3682 enrollment@beaconacademy.com

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|-----------------------------|----------------------------------|-----------------------------------|--------------------------------|-----------------------------------------------|-------------------------------------------|-------------------------------------------|
| FOR OFFICE USE ONLY: | <input type="checkbox"/> Synergy | <input type="checkbox"/> Schedule | <input type="checkbox"/> MARSS | <input type="checkbox"/> ParentVue/StudentVue | <input type="checkbox"/> Locker (MS Only) | <input type="checkbox"/> Res. Dist. _____ |
| Offer: _____ | Initials: _____ | Deadline: _____ | Accept | Decline | No Response | Date: _____ Initials: _____ |
| Start date: _____ | Teacher: _____ | | | | | |