



FOR OFFICE USE ONLY:	
Date Rec'd:	_____
Time Rec'd:	_____
Staff Initial:	_____
Sibling/Staff Pref:	_____

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		
*Military Yes <input type="checkbox"/> No <input type="checkbox"/>	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		
*Military Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Phone	Cell Phone		Home Phone (if different from above)	
Street Address (if different from above)		Apt #	City/State		Zip Code

Sibling(s) attending or applying for Beacon	Grade	Previous school attended	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

HOW DID YOU HEAR ABOUT US: Mailing Yard Sign Facebook/Social Media Internet
 Current Family (please list): _____ Other: _____

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

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: _____

*Beacon Academy does not unlawfully discriminate on the basis of race, color, creed, religion, national origin, or sexual orientation.
 * Military question for resource purposes only.*