

S.O.A.R.
Elective Class Registration Form
(6th – 12th Grade)
2026-2027

Parents' Names: _____

Full Address: _____

Parent's Email: _____ **Parent's Cell:** _____

Emergency Contact Name: _____ **Relationship:** _____ **Phone:** _____

Class Offerings: ★ Science Labs ★ Life Sports ★ Book Club ★ Art Class ★ Life Skills

Student Information as of September 1, 2026

Student Name: _____ **Grade:** _____

Class Selection

1. _____

2. _____

3. _____

Please see the S.O.A.R website for class descriptions – SOAR-MN.org

Student Fee: \$50/student per year, per class.

Other Info:

- Student's will meet on Monday's from 9AM-Noon.
- Pizza Lunch will be available for purchase at noon.
- A parent or guardian is NOT expected to be present during Elective Classes.
- Please see the website for the S.O.A.R Handbook and 2 pages to sign and return with your registration.

Please mail or email Registration Form and Student Fee to:

Solid Oaks Academic Resource

P.O. Box 22

Isle, MN 56342

Soarmn123@gmail.com

SOAR-MN.org