

For office use only

Date rec'd _____ Accepted (Y/N) _____
Forms sent (if accepted) _____ By (Initials) _____

Student Enrollment Application

Submitting this form does not register your child for school but rather holds a place for a period of seven days. In order to register you must also complete the registration packet.

Learning for Leadership does not discriminate based on age, gender, ethnicity, economic status, religion or services needed.

Student Information (please print)

Name _____

Mailing Address _____ City _____ State _____ Zip _____

My child will be in _____ grade in school year _____.

School Most Recently Attended _____ City/State _____

How did you hear about us? Radio Newspaper School Website Mailing Flyer Friend/Family Poster/Billboard
 Meeting

Parent/Guardian Information (please indicate address of residence)

P/G 1 _____ Relationship _____

Address _____

Main Phone (_____) _____ Alternate Phone (_____) _____ Ext. _____

P/G 2 _____ Relationship _____

Address _____

Main Phone (_____) _____ Alternate Phone (_____) _____ Ext. _____

E-mail #1 _____ E-mail #2 _____

Are any brothers or sisters planning to enroll at Learning for Leadership? Yes No

Please list the student(s) name(s) and grades and indicate whether they are applying or attending:

Brother or Sister's Name _____ Applying Attending Grade _____

Brother or Sister's Name _____ Applying Attending Grade _____

Brother or Sister's Name _____ Applying Attending Grade _____

Referred by _____

Parent /Guardian (please print name) _____

Signature _____ Date ____/____/____

You must fill out an application for each child applying.

Please return this completed application:

By mail or in person to:
Learning for Leadership Charter School
3300 5th Street NE
Minneapolis, MN 55418

OR

By Fax to 612-789-0547

Any questions and/or more information, please contact the School. Phone 612-789-9598 Fax 612-789-0547