NEW STUDENT APPLICATION / LOTTERY FORM

FIT Academy 2018-19 - (952)847-3798

Office Use Only					
Date Received://					
State ID #:					
School ID#:					

Student Information
(Please Complete All Information Requested & Return to the Above Address)

First Name:	Middle:	Last Na	ime:	
Address:				Apt#:
City:		State:	Zip:	
Phone: ()	- Grade	e in 2018/19:		
Parent/Guardian/Family Info	<u>rmation</u>			
First Name:	Middle:	Last Name:		
Address:				Apt#:
City:		State:	Zip:	
Home Phone:		_ Work Phone:		
Relationship to student:		Email:		
Parent/Guardian 2:				
First Name:	Middle:	Last Name:		
Address:				Apt#:
City:		State:	Zip:	
Home Phone:		_ Work Phone:		
Relationship to student:		Email:		
Please List Other Children Living in		* *		
Name 1.	Relationship	(Current School	Grade
2.				
3.				
* According to Minnesota statute 124.E11, child of that parent and may give prefere purpose, we request that you list above all of Minnesota Statute 124A.17 Requires the sin order to enroll for kindergarten, stude may enroll if they satisfy the school's ea	nce for enrolling children of children who are currently en- school to require kindergarter nts must turn 5 on or befor	the school's teachers rolled or have applied for screening including im	before accepting other stu or enrollment. Inmunization within 30 days of collment year. Students tur	udents by lottery. For this of enrollment
All applications must be received betwe on Tuesday February 6, 2017. Lottery wimail to FIT Academy, 7200 147th Street W	en Monday October 2, 201 ill be conducted in accorda	7 and Friday February ance to our enrollmen	y 2, 2018 to be included ir	
I certify that the information on this form	is accurate to the best of r	my knowledge:	Parent signati	ure