NEW STUDENT APPLICATION / LOTTERY FORM
FIT Academy 2020-21 – (952)847-3798

Student Information

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

First Name: _____ Middle: _____ Last Name: _____

Address: _____Apt#:_____

City:_____ State: _____ Zip: _____

Phone: **(   )   -** Grade in 2020/21: _____

Parent/Guardian/Family Information

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 the Home Who Have Applied for Enrollment:*

	Name	Relationship	Current School	Grade
1.				
2.				
3.				

* According to Minnesota statute 124.E11, a charter school shall give preference for enrollment to a sibling of an enrolled student and to a foster child of that parent and may give preference for enrolling children of the school's teachers before accepting other students by lottery. For this purpose, we request that you list above all children who are currently enrolled or have applied for enrollment.

Minnesota Statute 124A.17 Requires the school to require kindergarten screening including immunization within 30 days of enrollment

In order to enroll for kindergarten, students must turn 5 on or before September 1 of enrollment year. Students turning 5 after September 1 may enroll if they satisfy the school's early enrollment policy. Please contact the school for more information.

All applications must be received between Monday October 7, 2019 and Friday February 7, 2020 to be included in the <u>ANNUAL LOTTERY on Tuesday February 11, 2019</u>. Lottery will be conducted in accordance to our enrollment policy. Return applications to the school site or mail to FIT Academy, 7200 147th Street West, Apple Valley, MN 55124.

I certify that the information on this form is accurate to the best of my knowledge:_____

Parent signature