NEW STUDENT APPLICATION / LOTTERY FORM FIT Academy 2021-22 - (952)847-3798

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

Student Information

(Please Complete All Information Requested & Return to the Above Address	(Please	Complete	All Inform	iation Rea	uested & Re	turn to the	Ahone Addr	929
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Address:				Apt#:	_
City:		State:	Zip:		_
Phone: (- Grad	de in 2021/22:			
Parent/Guardian/Family Info	ormation				
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 ir	ı the Home Who Have	Applied for Enrollm	nent:*		
Name	Relationship	(Current School	Grade	e
1.					
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 statute 124A.19	nce for enrolling children o children who are currently e	of the school's teachers inrolled or have applied for	before accepting other stor enrollment.	tudents by lottery. For the	
In order to enroll for kindergarten, stude may enroll if they satisfy the school's ea				rning 5 after Septembe	r 1
All applications must be received between Tuesday February 9, 2021. Lottery will mail to FIT Academy, 7200 147th Street W	ill be conducted in accord	dance to our enrollmen			
I certify that the information on this form	is accurate to the best of	f my knowledge:	Parant at a co	4	
			Parent signa	lure	

First Name: _____ Middle: ____ Last Name: ____