## NEW STUDENT APPLICATION / LOTTERY FORM FIT Academy 2024-25 - (952)847-3798

Office Use Only						
Date Received:	/_	/				
State ID #:		N. S.				
School ID#:	- 4 3					

## **Student Information**

First Name:	Middle:	Last Na	ime:	
Address:			Apt	<b>#:</b>
City:		State:	Zip:	
Phone: (	Gra	de in 2024/25:		
Parent/Guardian/Family Inform	nation_			
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 th				
Name 1.	Relationship	(	Current School	Grade
2.				
3.				
* According to Minnesota statute 124.E11, a child of that parent and may give preference purpose, we request that you list above all child Minnesota Statute 124A.17 Requires the school In order to enroll for kindergarten, students may enroll if they satisfy the school's early or	for enrolling children ren who are currently of ol to require kindergari must turn 5 on or bef	of the school's teachers enrolled or have applied for ten screening including im- fore September 1 of enro	before accepting other students by lotted or enrollment. Inmunization within 30 days of enrollment bollment year. Students turning 5 after S	ery. For this
All applications must be received between I on Tuesday February 6, 2024. Lottery will b mail to FIT Academy, 7200 147th Street West	e conducted in accor	dance to our enrollmen		
I certify that the information on this form is a	accurate to the best o	f my knowledge:	Parent signature	