



# PreK – 12<sup>TH</sup> GRADE ENROLLMENT APPLICATION

Application must be filled out completely. One application per child.

**APPLYING FOR SCHOOL YEAR: 20\_\_ - 20\_\_ GRADE LEVEL: \_\_\_\_\_**

*Parents/Mentors who choose Community of Peace Academy for their children will be committing themselves to full participation in the education of their child's mind, body and will within an educational community committed to peace and non-violence.*

SECTION 1: STUDENT INFORMATION				
Student LAST Name (Legal)		Student FIRST Name (Legal)		Student MIDDLE Name (Full)
Has this student <b>EVER</b> attended a MN Public School? <input type="checkbox"/> NO <input type="checkbox"/> YES, Name of School District(s): _____				
Home Address				
BLDG/HOUSE #	STREET NAME	STREET TYPE (ST, AVE, BLVD, ETC)	STREET DIRECTION (N, S, SE, NW, ETC)	APT#
City	State	Zip Code	Home Phone (     )     -     -     -     -     -     -	

Any change in address or phone number should be reported immediately to Community of Peace Academy at (651) 280-4587.

SECTION 2: PARENT/GUARDIAN INFORMATION			
PARENT/GUARDIAN #1:		PARENT/GUARDIAN #2:	
Name (First, MI, Last)		Name (First, MI, Last)	
Relationship to Student (mother, stepfather, etc)		Relationship to Student (mother, stepfather, etc)	
Work Phone #		Work Phone #	
Cell Phone #		Cell Phone #	
E-mail address		E-mail address	
Interpreter Needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Language _____	Interpreter Needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Language _____

SECTION 3: SCHOOL(S) PREVIOUSLY ATTENDED (List all, beginning with most recent school first)			
Name of School(s)	City and State	Grades Attended	Dates Attended

Minnesota Statutes require the school district to keep accurate and updated personal records for all pupils. This information will become part of the student's permanent cumulative record and will be available to appropriate staff members. Minnesota law also requires that you provide immunization information to your child's school.

SECTION 4: SIBLING PREFERENCE	
Does this child currently have a sibling attending Community of Peace Academy? <input type="checkbox"/> No <input type="checkbox"/> Yes, please write name/grade below	
Sibling Name: _____	Grade: _____

SECTION 5: How did you hear about Community of Peace Academy?			
___ Family Member/Friend	___ Advertisement	___ School Brochure	___ School Website
___ Facebook	___ Other _____		

\_\_\_\_\_  
**Parent/Guardian Signature and Date**  
**Send, fax, or bring this application to:** Community of Peace Academy 471 Magnolia Ave E St. Paul, MN 55130 Fax: (651) 771-4841

**For assistance, call (651) 776-5151**  
 Application Deadline 2017-2018: February 17, 2017

**Office Use Only:**     SIBLING ATTENDS CPA  
 Date Rec'd \_\_\_\_\_    Lottery Date \_\_\_\_\_    Enrl Date \_\_\_\_\_    TSIS ID# \_\_\_\_\_    FM Date \_\_\_\_\_