



PreK – 12TH 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)	
Student Date of Birth		Student Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Has this student EVER attended a MN Public School? <input type="checkbox"/> NO <input type="checkbox"/> YES, Dist #	
Home Address (BLDG/House#, Street Name, Street Type (ST, AVE, BLVD, ETC), Street Direction (N, S, SE, NW, ETC), and 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 <u>most recent school first</u>)			
Name of School(s)	City and State	Grades Attended	Dates Attended
			to
			to

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?			
<input type="checkbox"/> Family Member/Friend	<input type="checkbox"/> Advertisement	<input type="checkbox"/> School Brochure	<input type="checkbox"/> School Website
<input type="checkbox"/> Facebook	<input type="checkbox"/> Other		

Parent/Guardian Signature and Date
 For assistance, call (651) 776-5151
 Application Deadline 2019-2020 February 21, 2019
 Send, fax, or bring this application to: Community of Peace Academy 471 Magnolia Ave E St. Paul, MN 55130 Fax: (651) 771-4841

Office Use Only:					
<input type="checkbox"/> SIBLING ATTENDS CPA	Date Rec'd _____	Lottery Date _____	Enrl Date _____	TSIS ID# _____	FM Date _____