

Challenging Minds



Nurturing Souls

OFFICE OF ADMISSION

STUDENT APPLICATION FORM

Please print carefully in black ink only

Application for: Bloomington Campus (PK-5) Minneapolis Campus (PK-12)

Application for grade _____ for term commencing Fall Winter Spring Year 20 _____

Preschool: 4 yr. old: 5 day 3 day

3 yr. old: 2 day 2 day + extension

APPLICANT INFORMATION

Applicant's Full Legal Name _____
(first) (middle) (last)

Current Grade _____ Preferred Name _____ Male Female

Birth Date _____ Birth Place _____ U.S. Citizen _____ SS # _____

Home Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Applicant Resides in School District Number _____

Current School Name and Address:

With whom does the applicant live? _____

FAMILY INFORMATION

Mother/Guardian

Full Name: Ms./Mrs./Dr./Rev. _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Profession _____ Employer _____

Business Address _____

Business Phone _____

High School/College/University Attended and Degrees Earned _____

Stepfather (if applicable) Mr./Dr./Rev. _____

Cell Phone _____ E-mail Address _____

Stepfather's Profession _____ Employer _____

Business Address _____

Business Phone _____

High School/College/University Attended and Degrees Earned _____

Parents are (check all that apply):

- Married Separated Divorced Single Parent
- Mother Deceased Father Deceased Mother Remarried Father Remarried
- Joint Custody Mother Custody Father Custody

Church family attends _____

Denomination _____ Are you a member? _____

Address _____

City _____ State _____ Zip Code _____

Pastor/Youth Pastor _____

Father/Guardian

Full Name: Mr./Dr./Rev. _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Profession _____ Employer _____

Business Address _____

Business Phone _____

High School/College/University Attended and Degrees Earned _____

Stepmother (if applicable) Ms./Mrs./Dr./Rev. _____

Cell Phone _____ E-mail Address _____

Stepmother's Profession _____ Employer _____

Business Address _____

Business Phone _____

High School/College/University Attended and Degrees Earned _____

Applicant's Siblings

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Members of immediate family attending or who have attended Minnehaha? (if different from above)

How did you hear about Minnehaha Academy? (please be as specific as possible)

To what other schools are you applying? _____

Would you like the Admission Department to send you an application for financial aid?

Yes No Financial Aid is only applicable for applicants in K-12 grades.

Ethnic Origin (Optional: For record and reporting purposes only): African American Asian American

European American (Caucasian) Latino/Hispanic American

Middle Eastern American Multiracial American

Native American Pacific Islander American

International (students who are not US citizens or permanent US residents) _____
(Country of Citizenship)

CHECK LIST FOR APPLICATION PROCESS

In considering applicants for admission, Minnehaha Academy does not discriminate on the basis of national or ethnic origin, race, religion or gender. The application process BEGINS when the Admission Office has received ALL of the following information:

_____ The APPLICATION signed by parent(s) or legal guardian(s).

_____ The PARENT STATEMENT

_____ The STUDENT STATEMENT for those applying to sixth grade and above.

_____ The APPLICATION FEE of \$70.00 which is nonrefundable and does not apply toward tuition in the event of enrollment. **(Please do not submit an application without this processing fee.)**

_____ A recent photograph of the applicant.

You will be sent follow-up forms to complete the application process.

I/We certify that the information on this application is correct and complete and understand that any falsification or misrepresentation may disqualify the applicant for admission or may later be grounds for the student's dismissal from Minnehaha Academy. My signature also indicates my understanding that any recommendations submitted on behalf of the applicant are property of Minnehaha Academy and will be kept confidential from me.

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN(S) _____

SIGNATURE OF APPLICANT _____
(requested of applicants for grades six or higher)

DATE _____

For Office Use Only: Date of receipt of application and fee: _____ Check #: _____