

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):

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Married         | <input type="checkbox"/> Separated       | <input type="checkbox"/> Divorced         | <input type="checkbox"/> Single Parent    |
| <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Mother Remarried | <input type="checkbox"/> Father Remarried |
| <input type="checkbox"/> Joint Custody   | <input type="checkbox"/> Mother Custody  | <input type="checkbox"/> 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)

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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 (Caucasion)     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 \$100.00 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 #: \_\_\_\_\_