

Star of the North Academy
Star of the North Academy admits all students without regards to race, ethnicity, gender, religion, national origin, or ability

STUDENT REGISTRATION 2019-2020

Student Name			Entering Grade:	_	
Last	First	Middle			
Last School and District Attended			Last Grade Attended	Last Grade Attended	
PARENT/GUARDIAN INFORMATION	I (PLEASE PRINT IN	I INK)			
Student Address:					
Mother/Guardian Mother/Guardian (please print)		<i>w</i>	/ork Phone #		
Address (if different than student)					
Mobile Phone:		Ноте	Phone #		
Email Address					
Father/Guardian Father/Guardian (please print)		Wo	ork Phone #		
Address (if different than student)					
Mobile Phone:		Ноте	Phone #		
Email Address					
Minnesota law and Star of the North P	olicy require that all	l students be 5 years of a	age by September 1 of their Kindergarten year.		
My child is applying for Kir	ndergarten and wi	ill be 5 years of age by	/ September 1, 2019 Yes No	ı	
Due to sibling enrollment preferen applying for admission or already e			ubd. 9, SNA asks if there are siblings concu	ırrently	
Does this student have a sibling cu	ırrently enrolled a	t our school?	_YesNo		
PARENT/GUARDIAN SIGNATUR	E		DATE_		

Star of the North Academy

Tel. #: 763-450-5560 Fax. #: 763-434-3399 info@snacharterschool.org