



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 APPLICATION FORM 2024-2025

Student Name: _____ Entering Grade: _____
Last First Middle

Student's Date of Birth: (mm/dd/yyyy) _____ Male _____ Female _____

PARENT/GUARDIAN INFORMATION (PLEASE PRINT CLEARLY IN INK)

Student Address: _____

Mother/Guardian

Mother/Guardian (please print) _____ Work Phone # _____

Address (if different than student) _____

Cell Phone: _____ Home Phone # _____

Email Address _____

Father/Guardian

Father/Guardian (please print) _____ Work Phone # _____

Address (if different than student) _____

Cell Phone: _____ Home Phone # _____

Email Address _____

What is your preferred way of communicating? (Please circle) Email Text Phone call

Minnesota law and Star of the North Policy require that all students be 5 years of age by September 1 of their Kindergarten year.

_____ My child is applying for Kindergarten and will 5 years of age by September 1, 2024. _____ Yes _____ No

Due to sibling enrollment preference required by Minn. Stat. 124.D10 Subd. 9, SNA asks that you indicate if there are siblings applying for admission or already enrolled at Star of the North Academy.

Does this student have a sibling(s) **applying for admission or currently enrolled** at our school? _____ Yes _____ No

Sibling _____ Grade _____ Sibling _____ Grade _____

Sibling _____ Grade _____ Sibling _____ Grade _____

_____ I UNDERSTAND **TO FINALIZE** MY CHILD(REN)'S ENROLLMENT AT SNA I NEED TO COMPLETE THE ENROLLMENT PACKET

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Star of the North Academy PHONE #: 763-450-5560 FAX. #: 763-434-3399 info@snacharterschool.org

FOR OFFICE USE: CR Campus _____ EB Campus _____ GD _____ JMC _____ MBL _____ CONF _____