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# Partnership Academy

A PPL Partnership School  
 305 East 77<sup>th</sup> St. Suite B  
 Richfield, MN 55423 Phone (612) 866-3630 fax (612) 866-3640

## Student Enrollment Application

*Partnership Academy does not discriminate based on age, gender, ethnicity, economic status, religion or services needed.*

### Student Information (please print)

- 1 Name \_\_\_\_\_
- 2 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4 My child will be in \_\_\_\_\_ grade this school year.
- 5 School Previously Attended \_\_\_\_\_ City and State of Previous School \_\_\_\_\_
- 6 Type of School:  Public  Private  Parochial  Home 7 School district where student lives \_\_\_\_\_
- 8 How did you hear about us?  Radio  Newspaper  TV  Mailing  Flyer  Friend/Family  Poster/Billboard  Door  Meeting
- 9 Gender:  Male  Female
- 10 Ethnic Background:  African American  Native American  Asian/Pacific Islander  
 Caucasian  Hispanic  Other
- 11 Has your child participated in either of these programs?  English as a Second Language  Bilingual Education
- 12 Does your child have an IEP? (Special education students only) \_\_\_\_ yes \_\_\_\_ no

### Parent/Guardian Information (please indicate address of residence)

- 13 P/G 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
 Main Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_
- 14 P/G 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
 Main Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_
- 15 What language do you prefer to receive communication in?  
 Spanish  English  Other \_\_\_\_\_
- 16 If Spanish, is there someone who can read English at home? \_\_\_\_ Yes \_\_\_\_ No
- 17 Are any brothers or sisters planning to enroll at Partnership Academy?  Yes  No

Please list the names and grades and indicate whether they are applying or attending:

**You must fill out a new application for each child applying.**

- Brother or Sister's Name \_\_\_\_\_  Applying  Attending Grade \_\_\_\_\_
- Brother or Sister's Name \_\_\_\_\_  Applying  Attending Grade \_\_\_\_\_
- Brother or Sister's Name \_\_\_\_\_  Applying  Attending Grade \_\_\_\_\_
- Referred by \_\_\_\_\_

**Parent / Guardian** (please print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return the completed application to Partnership Academy, 305 E. 77<sup>th</sup> St, Suite B, Richfield, MN 55423.  
 For more information, please contact the School. Phone 612-866-3630 Fax 612-866-3640.