



Enrollment Application Form 2018-2019

Student's full legal name: _____
(Last name) (First name) (Middle name)

Birthdate (mm/dd/yyyy): _____ Grade in fall of 2018: _____

**** If your student will be enrolling in Kindergarten – 5th grade, please select your 1st and 2nd second choice of school****

1st Choice 2nd Choice

Grades K-4: HIAWATHA LEADERSHIP ACADEMY – MORRIS PARK (HLA-MP)
3810 E. 56th Street, Minneapolis, MN 55417
Ph: 612-987-5688

Grades K-4: HIAWATHA LEADERSHIP ACADEMY – NORTHROP (HLA-N)
1611 E. 46th Street, Minneapolis, MN 55407
Ph: 612-455-4004

Grades 5-8: HIAWATHA COLLEGE PREP-KINGFIELD (HCP-K)
3800 Pleasant Avenue, Minneapolis, MN 55409
Ph: 612-353-4324

Grade 5: HIAWATHA COLLEGE PREP-NORTHROP (HCP-N)
4640 17th Ave S., Minneapolis, MN 55407
Ph: 612-385-7430

Grades 9-12: HIAWATHA COLLEGIATE HIGH SCHOOL (HCHS)
3500 E. 28th St., Minneapolis, MN 55406
Ph: 612-547-9056

Address: _____
(Number and street name) (Apt. no.) (City) (State) (Zip)

Primary phone: (_____) _____ E-mail: _____
(Area code) (Phone number)

Are you currently a staff member of Hiawatha Academies? Yes No

Does the student have a sibling/foster sibling currently ENROLLED at Hiawatha Academies Yes No

If yes, please provide the name of each sibling currently enrolled in the space provided below:

Last name Initial	First	Birthdate Month/Day/Year	Grade	Campus

Does the student have a sibling/foster sibling currently APPLYING to Hiawatha Academies? Yes No

If yes, please provide the name of each sibling applicant in the space provided below:

Last name Initial	First	Birthdate Month/Day/Year	Grade	Campus

Parent/Guardian information (1):

(Last name)

(First name)

(Middle name or initial)

Address: _____
(Number and street name) (Apt. no.) (City) (State) (Zip)Primary phone: (_____) _____ Check one: Home Cellphone Secondary phone (_____) _____**Parent/Guardian information (2):**

(Last name)

(First name)

(Middle name)

Address: _____
(Number and street name) (Apt. no.) (City) (State) (Zip)Primary phone: (_____) _____ Check one: Home Cellphone Secondary phone (_____) _____**Alternative contact information:**

(Last name)

(First name)

(Middle name)

Address: _____
(Number and street name) (Apt. no.) (City) (State) (Zip)Primary phone: (_____) _____ Check one: Home Cellphone Secondary phone (_____) _____

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for pupils. The information will become part of the student's permanent cumulative record and will be available to appropriate staff members of Hiawatha Academies.

I certify the above information is correct.

Parent/Guardian/Signature: _____ Date: _____

District #4170 Hiawatha Academies
Growing Learners. Growing Leaders.
1611 E. 46th St. Minneapolis, MN 55407
www.hiawathaacademies.org

HIAWATHA ACADEMIES NETWORK OFFICES USE ONLY:

Today's date: _____ Form completed at (circle one): HLA-MP HLA-N HCP-K HCP-N HCHS