



For internal use only:  
Date received: \_\_\_\_\_

Applications received by February 15, 2019 will receive priority.

**Student Application Form - School Year 2019-2020**

Student's full legal name: \_\_\_\_\_  
(First Name) (Middle Name) (Last name)  
Address: \_\_\_\_\_  
(Number and street name) (Apt. no.)  
\_\_\_\_\_  
(City) (State) (Zip)  
Grade in fall of 2019: \_\_\_\_\_ Will the student be at least 5 years old by September 1, 2019? Yes · No

**Primary Household Information**

Parent/Legal Guardian #1:  
\_\_\_\_\_  
(First Name) (Middle Name) (Last Name)  
Mobile phone: (\_\_\_\_\_) \_\_\_\_\_ Alternative phone: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_ Are you currently a staff member of Hiawatha Academies? Yes · No  
Parent/Legal Guardian #2:  
\_\_\_\_\_  
(First Name) (Middle Name) (Last Name)  
Mobile phone: (\_\_\_\_\_) \_\_\_\_\_ Alternative phone: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_ Are you currently a staff member of Hiawatha Academies? Yes · No

Does the student have a sibling or foster sibling who is **ENROLLED** or **APPLYING** to a Hiawatha Academies school? Yes · No  
Sibling #1:  
\_\_\_\_\_  
(First Name) (Middle Name) (Last Name)  
Grade in 2019-20 school year: \_\_\_\_\_ Campus: \_\_\_\_\_  
Sibling #2:  
\_\_\_\_\_  
(First Name) (Middle Name) (Last Name)  
Grade in 2019-20 school year: \_\_\_\_\_ Campus: \_\_\_\_\_

**Please circle your first choice campus for enrollment:**

Hiawatha Leadership Academy-- <b>Morris Park</b> Grades K-4	Hiawatha Leadership Academy-- <b>Northrop</b> Grades K-4	Hiawatha College Prep- <b>Kingfield</b> Grades 5-8	Hiawatha College Prep- <b>Northrop</b> Grades 5-6	Hiawatha Collegiate <b>High School</b> Grades 9-12
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**Referral Method: How did you hear about Hiawatha Academies?**

Current or former student: \_\_\_\_\_ · Friend or family member: \_\_\_\_\_ ·  
Event: \_\_\_\_\_ · Advertisement · Internet search · Hiawatha website · Word of Mouth · Other \_\_\_\_\_

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/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_