



OFFICE OF ADMISSION

STUDENT APPLICATION FORM

Please print in black ink only

Application for: Bloomington Campus (K-5) _____ Minneapolis Campus (PK-12) _____

Application for grade _____ for term commencing Fall__ Winter__ Spring__ Year 20 _____
Male _____ Female _____

APPLICANT INFORMATION

Applicant's Full Legal Name _____ Preferred _____

Birth Date _____ Birth Place _____ U.S. Citizen ____ SS # _____

Home Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Current Grade _____

Public School District Name and Number of Applicant's Residence _____

Current School Name and Address: _____

With whom does the applicant live? _____

FAMILY INFORMATION

Mother/Guardian

Full Name: Ms./Mrs./Dr./Rev. _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Profession _____

Employer _____

Business Address _____

Business Phone _____

High School/College/University Attended and Degrees Earned _____

Father/Guardian

Full Name: Mr./Dr./Rev. _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Profession _____

Employer _____

Business Address _____

Business Phone _____

High School/College/University Attended and Degrees Earned _____

Parents are:

Married Separated Divorced Single Parent
 Mother Deceased Father Deceased Mother Remarried Father Remarried

Stepmother

Full Name: Ms./Mrs./Dr./Rev. _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Profession _____

Employer _____

Business Address _____

Business Phone _____

High School/College/University Attended and Degrees Earned _____

Stepfather

Full Name: Mr./Dr./Rev. _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Profession _____

Employer _____

Business Address _____

Business Phone _____

High School/College/University Attended and Degrees Earned _____

Members of immediate family attending or who have attended Minnehaha:

Grandparents

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Church family attends _____

Denomination _____ Are you a member? _____

Address _____

City _____ State _____ Zip Code _____

Pastor/Youth Pastor _____

To what other schools are you applying? _____

Would you like the Admission Department to send you an application for financial aid?

_____ Yes _____ No Financial Aid is only applicable for applicants in K-12 grades.

CHECK LIST FOR APPLICATION PROCESS

In considering applicants for admission, Minnehaha Academy does not discriminate on the basis of national or ethnic origin, race, religion or gender. The application process BEGINS when the Admission Office has received ALL of the following information:

_____ The APPLICATION signed by parent(s) or legal guardian(s).

_____ The PARENT STATEMENT

_____ The STUDENT STATEMENT for those applying to sixth grade and above.

_____ The APPLICATION FEE of \$70.00 which is nonrefundable and does not apply toward tuition in the event of enrollment. **(Please do not submit an application without this processing fee.)**

_____ A recent photograph of the applicant.

You will be sent follow-up forms to complete the application process.

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN(S) _____

SIGNATURE OF APPLICANT _____
(requested of applicants for grades six or higher)

DATE _____

For Office Use Only: Date of receipt of application and fee: _____ Check #: _____