

NEW STUDENT APPLICATION / LOTTERY FORM

Compass Academy 10640 Lyndale Av., Bloomington, MN, 55420

Office Use Only	
Entry Date://	_
State ID #:	
School ID#:	

Student Information (Please Complete All Information Requ	ested & Return to	the Above Address)		
First Name:	Middle:	Last Nar	ne:	
Address:				Apt#:
City:		State:	Zip:	
Phone: (DOB:/	/ Grad	de Applying For in 2023/	2024:
Parent/Guardian 1: First Name:	_ Middle:	Last Name:		
Address:				_ Apt#:
City:		State:	Zip:	
Home Phone:		_Work Phone:		
Email:				
Parent/Guardian 2: First Name: Mi	ddle: I	ast Name:		
Address:			Apt#:	
City:		State: Zip: _		
Home Phone:	Wor	k Phone:		
Email:				
Please List Other Children Living in the Hor				
Name	Relationship		Current School	Grade
2.				
* According to Minnesota statute 124.E11, a a foster child of that parent and may give pr For this purpose, we request that you list ab Academy.	eference for enrollin	g children of the school	l staff before accepting othe	er students by lottery.
In order to enroll for preschool, students n kindergarten, students must be five years obetween September 2 and October 31 may school for more information.	old on or before Sep	tember 1 of enrollmer	nt year. A limited number o	of students turning 5
All applications must be received between 2023. The lottery will be conducted in accordion Compass Academy, 10640 Lyndale Av., Blo	rdance with our enro	ollment policy. Return	applications to a school re	
I certify that the information on this form i	s accurate to the bes	t of my knowledge:	Parent/ Guardian Sig	 gnature