

NEW STUDENT APPLICATION / LOTTERY FORM

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

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

Studen	<u>t Infor</u>	<u>mation</u>

First Name:		Middle:	Last Name	o:	
Address:					
City:					_
Phone: (
Parent/Guardian 1: First Name:	Midd	le: La	st Name:		
Address:					Apt#:
City:			State:	_Zip:	
Home Phone:		Work :	Phone:		
Email:					
Parent/Guardian 2:					
First Name:	Middle:	Last Nam	e:		
Address:				Apt#:	
City:		State:	Zip:		
Home Phone:		Work Phone:			
Email:					
Please List Other Children Liv			rollment: *		
Name		ationship		urrent School	Grade
1. 2.					
3.			-		
* According to Minnesota state a foster child of that parent ar For this purpose, we request t Academy.	nd may give preference hat you list above all c	e for enrolling childre hildren who are curre	n of the school s ently enrolled or	taff before accepting other who have applied for en	er students by lottery nrollment at Compas
In order to enroll for prescho kindergarten, students must between September 2 and Oc school for more information.	be five years old on o ctober 31 may enroll i	r before September 1	of enrollment	year. A limited number (of students turning
All applications must be rec 2025. The lottery will be cond Compass Academy, 10640 Ly	ducted in accordance v	with our enrollment	policy. Return a	pplications to a school re	
I certify that the information	on this form is accura	te to the best of my k	nowledge:		
•		,	J ——	Parent/ Guardian Sig	gnature