



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 Requested & Return to the Above Address)

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: _____ Grade Applying For in 2026-2027: _____

Parent/Guardian 1:

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Parent/Guardian 2:

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Please List Other Children Living in the Home Who Have Applied for Enrollment: *

	Name	Relationship	Current School	Grade
1.				
2.				
3.				

* According to Minnesota statute 124.E11, a charter school shall give preference for enrollment to a sibling of an enrolled student and to a foster child of that parent and may give preference for enrolling children of the school staff before accepting other students by lottery. For this purpose, we request that you list above all children who are currently enrolled or who have applied for enrollment at Compass Academy.

In order to enroll for preschool, students must be four years old on or before September 1 of enrollment year. In order to enroll for kindergarten, students must be five years old on or before September 1 of enrollment year. A limited number of students turning 5 between September 2 and October 31 may enroll if space allows and if students pass a kindergarten assessment. Please contact the school for more information.

All applications must be received between April 1, 2026, and April 30, 2026, to be included in the **ANNUAL LOTTERY on May 6, 2026**. The lottery will be conducted in accordance with our enrollment policy. Return applications to a school representative, mail to Compass Academy, 10640 Lyndale Av., Bloomington, MN, 55420, or drop off in person at the school.

I certify that the information on this form is accurate to the best of my knowledge: _____

Parent/ Guardian Signature