

# Initial Student Application



Applying For Grade \_\_\_\_\_ Year 2018-19 2019-20 Fall Q2 Q3 Q4

The application period for the 2019-2020 school year is from February 1, 2018 to January 31, 2019, 4 pm.  
Applications must be received during these dates to be included in the annual lottery to be held on February 15, 2019.

Applicant's Name: \_\_\_\_\_  
Last First Middle (Full)

Home Address: \_\_\_\_\_  
Street City State Zip

Student's grade today \_\_\_\_\_ or at the close of most recent school year \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Student's Cell Phone (optional): (\_\_\_\_\_) \_\_\_\_\_

### IMPORTANT

- Yes  No Student has a sibling enrolled at Spectrum High School?
- Yes  No Student is a child of a current Spectrum High School staff member?
- Yes  No Student's application to be included in the lottery each year until enrollment is offered? A decline of enrollment voids the Initial Student Application. (You must inform school of contact changes.)

A charter school shall give enrollment preference to a sibling of an enrolled pupil, and to a foster child of that pupil's parents, and may give preference for enrolling children of the school's staff before accepting other pupils by lot (MN Statute, section 124.E.11(c)). If a student becomes a sibling of a currently enrolled student or a parent becomes employed at SHS or leaves employment at SHS, it is the parent's responsibility to notify the school of this change in their child(ren)'s enrollment preference status.

**Mother** (\*If other, please describe: \_\_\_\_\_)

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**Father** (\*If other, please describe: \_\_\_\_\_)

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Sibling Info	Name	Current Grade	Name	Current Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**By signing this application, I affirm that the information given is correct and the student is eligible for the grade for which I am applying. \*If I am not the student's parent, I understand I must provide documentation of legal custody (verifying guardianship) prior to enrollment. I further understand that incomplete applications will not be processed.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to:**

17796 Industrial Circle NW, Elk River, MN 55330, (fax) 763-450-9865, or (email) admissions@spectrumhighschool.org.

### Office Use Only

Date Application Rcvd: \_\_\_\_\_ Sibling or staff preference:  Yes  No Application received notice sent:  Yes (attach copy)

To be included in lottery  Yes  No Lottery Date: \_\_\_\_\_ Lottery results notice sent:  Yes (attach copy)

Parent declined enrollment, pull application.  Parent declined enrollment but requested to remain on waiting list.

Enrollment Start Date: \_\_\_\_\_ School Year of Enrollment: FY \_\_\_\_\_ Re-Enrollment Start Date: \_\_\_\_\_

Spectrum High School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities made available to students at the school. Spectrum High School will not limit admission to pupils on the basis of intellectual ability, measures of achievement or aptitude, or athletic ability, and will comply with all federal and state laws prohibiting discrimination.