



# Initial Student Application

Spectrum High School Grades 6-12

<p><b>IMPORTANT</b></p> <p><input type="checkbox"/> Student has a sibling enrolled at SHS</p> <p><input type="checkbox"/> Application to be included in the lottery each year until enrolled</p> <p style="text-align: center;"><input type="checkbox"/> Re-Enrollment</p> <p>Applying For Grade _____ Year 20 _____ <input type="checkbox"/> Fall <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4</p>
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**Applicant's Name:** \_\_\_\_\_  
Last First Middle Nick Name

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

School District Student Resides In: # \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Student's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Student's Email: \_\_\_\_\_

Current School: \_\_\_\_\_ District: # \_\_\_\_\_

City & State: \_\_\_\_\_ Grade/s: \_\_\_\_\_

Previous School: \_\_\_\_\_ District: # \_\_\_\_\_

City & State: \_\_\_\_\_ Grade/s \_\_\_\_\_

If student is in a private or home school setting, has he/she ever attended a MN public school?  Yes  No

**Mother/Other** please describe \_\_\_\_\_  Student Lives With

Include Me in Mailings

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

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

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

**Father/Other** please describe \_\_\_\_\_  Student Lives With

Include Me in Mailings

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

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

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

**Sibling Information**

Name	Grade (if in school)	School (if attending)
_____	_____	_____
_____	_____	_____

*By signing this application I affirm that the information given is correct and understand that incomplete applications will not be processed.*

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

*The open application period is from February 1 to 4 pm on January 31. Enrollment preference is given to siblings of students enrolled at Spectrum High School.*

**Please return completed application to Spectrum High School, 17796 Industrial Circle NW., Elk River, MN 55330 or fax to: 763.633.1380**

**Office Use Only**

Date Application Rcvd: \_\_\_\_\_ Sibling Preference:  Yes  No Lottery Date: \_\_\_\_\_ Lottery Results Sent: \_\_\_\_\_  
 Enr Meeting Date: \_\_\_\_\_ Enr Date: \_\_\_\_\_ School Year of Enr: \_\_\_\_\_ Re-Enrollment Date: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_ Gender:  M  F  
 Has this student received any Special Ed/504 Services?  N  Y Describe: \_\_\_\_\_  
 Is student currently receiving free or reduced lunch?  F  R Student State ID#: \_\_\_\_\_  
 Transportation needed  N  Y Notes: \_\_\_\_\_  
 Is student Hispanic/Latino:  N  Y (Cuban, Mexican, Puerto Rican, S or Cent. American or other Spanish culture or origin, regardless of race.)  
 What is student's race:  White  Black/African America  American Indian/Alaska Native  Asian  Pacific Islander