



612-800-2036

SciTech Academy Charter School District # 4261

Student Registration / Enrollment Document

Name: _____

Entering Grade: _____

Student's Legal Name (First, Last): _____

Mailing Address: _____

City: _____ ST: _____ ZIP: _____

Last Grade Completed _____ (For Kindergarten write N/A)

PARENT / GUARDIAN INFORMATION

Mother / Guardian _____ Phone _____

Home Address (if different than student) _____

Email address: _____

Father/Guardian: _____ Phone _____

Home Address (if different than student) _____

Email address: _____

PARENT SIGNATURE: _____

DATE _____

RETURN APPLICATION TO:

SciTech Academy

100 West 66th Street | Richfield, MN 55423 | Phone: 612-800-2036

Email: info@scitechacademymn.org

www.scitechacademymn.org

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