



# 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 66<sup>th</sup> Street | Richfield, MN 55423 | Phone: 612-800-2036**

Email: [info@scitechacademymn.org](mailto:info@scitechacademymn.org)

[www.scitechacademymn.org](http://www.scitechacademymn.org)

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