

Concordia Academy-Roseville

Application for Re-enrollment

Student Information

Grade in 2008-2009 9 10 11 12
 Male Female

Student Name (First) _____ (Middle) _____ (Last) _____

Home Address _____

Resides in School District (Name and #) _____

Home Phone # () _____ Date of Birth _____

Ethnic Origin (Optional: For record purposes only):

African American Asian American Hispanic Native American White-Non Hispanic Other _____

Home and Family Information

Parent/Guardian #1 Name _____ Father Mother Other

Address (if different from student) _____

Email Address(es) _____

Phone # () _____ Work Phone # () _____ Cell Phone # () _____

Occupation _____ Employer _____

Parent/Guardian #2 Name _____ Father Mother Other

Address (if different from student) _____

Email Address(es) _____

Phone # () _____ Work Phone # () _____ Cell Phone # () _____

Occupation _____ Employer _____

Parent/Guardian #3 Name _____ Father Mother Other

Address (if different from student) _____

Email Address(es) _____

Phone # () _____ Work Phone # () _____ Cell Phone # () _____

Occupation _____ Employer _____

Parents' Marital Status: Married Widowed Divorced Separated Single

Student Lives With: (check all that apply) Mother Father Stepmother Stepfather Other _____

Names and ages or grades/graduation years of student's siblings _____

Please send school publications to the applicant's grandparents or other interested persons, listed below.

Name _____ Relationship _____ Phone () _____

Address _____

Church Home _____ Synod/Denomination _____

Church Address _____

Pastor(s) _____

Association and Affiliate Church members must have pastor's signature each year: _____

Youth Director/D.C.E. _____ Church Phone # () _____

Financial Information & Payment Details

Person responsible for paying tuition _____

Relation to student _____

Address (if not previously given on this form) _____

Phone # () _____ Email Address _____

Need-based financial aid is available to families on a limited basis.
Application deadlines are March 1 and May 1 for the following academic year.

Statement of Intent

I desire a quality, Christ-centered education for my child and hereby make application for my son/daughter to attend Concordia Academy-Roseville. I also agree to cooperate in all matters pertaining to my child's education according the mission, policies, rules, and regulations of the school.

I understand that tuition must be current to begin classes, to continue enrollment, and to receive transcripts. Seniors who are not current may not be able to participate in graduation exercises.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Administrator Approval _____ Date _____

Application Procedure

Send the completed re-enrollment application and \$100 non-refundable registration fee (\$125 after March 1 for returning students) to:

Admissions
Concordia Academy-Roseville
2400 North Dale St.
Roseville, MN 55113

Admission Policy

Concordia Academy-Roseville admits students of any race, color, nationality and ethnic origin to all rights privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate in the administration of its scholarship and loan programs, athletic and other administered programs.

Concordia
ACADEMY Roseville

2400 North Dale Street Roseville, Minnesota 55113
Phone 651 484 8429 Fax 651 484 0594
www.concordiaacademy.com