

Concordia Academy-Roseville

Application for Enrollment

Student Information

Applying for Grade _____ For School Year: 20____--20____ Male Female

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

Preferred Home Address _____

City _____ State _____ Zip _____

Resides in School District (Name and #) _____ Student Email _____

Home Phone # _____ Date of Birth _____

Ethnic Origin (Optional: For record purposes only): International Students Only: Country of Citizenship: _____

Caucasian African American Hispanic Native American Asian American Asian Other _____

Home and Family Information

Parent/Guardian #1 Name _____ Father Mother Other

Address (if different from student) _____

City _____ State _____ Zip _____

Email Address(es) _____

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

Occupation _____ Employer _____

Parent/Guardian #2 Name _____ Father Mother Other

Address (if different from student) _____

City _____ State _____ Zip _____

Email Address(es) _____

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

Occupation _____ Employer _____

Parent/Guardian #3 Name _____ Father Mother Other

Address (if different from student) _____

City _____ State _____ Zip _____

Email Address(es) _____

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

Occupation _____ Employer _____

Parents' Marital Status: Married Widowed Divorced Separated Single Father Deceased Mother Deceased

Student Predominantly Lives With: Mother Father Stepmother Stepfather Other _____

Names and grades of student's siblings next school year _____

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

Name _____ Relationship _____ Phone () _____

Address _____

City _____ State _____ Zip _____

Church Home _____ Synod/Denomination _____

Church Address _____

City _____ State _____ Zip _____

Pastor(s) _____ Church Phone # (____) _____

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

Schools Attended - starting with most recent school

School Name _____ Grade(s) _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

(high school only) School Start Date (month/day/yr.) ____/____/____ End Date (month/day/yr.) ____/____/____

School Name _____ Grade(s) _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

(high school only) School Start Date (month/day/yr.) ____/____/____ End Date (month/day/yr.) ____/____/____

School Name _____ Grade(s) _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

(high school only) School Start Date (month/day/yr.) ____/____/____ End Date (month/day/yr.) ____/____/____

Financial Information & Payment Details

Person responsible for paying tuition _____

Relationship 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 _____

Application Procedure

Please send this completed application form, completed recommendation & a \$100 non-refundable registration fee (enclosed or paid online) to the Business Office at the address listed below.

Concordia
ACADEMY Roseville

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