



The Best Academy Student Enrollment Form - 2008-09

Enrollment to Best Academy is granted without preference to gender, race, color, or religious background. The filing of this application indicates that you wish your child to be enrolled at The BEST Academy. All forms must be completed in order to ensure your child/ren enrollment in The Best Academy school.

Date _____

I hereby make application for admission of (Please print all names) to The Best Academy.)

(Student First Name)	(Student Middle Name)	(Student Last Name)
Grade for which student is enrolling _____	Gender: M _____ F _____	
For term beginning, _____	Place of Birth _____	
Date of Birth _____ Month Day Year	Social Security Number _____	
Home Address _____ Street	Telephone () _____	
City State Zip		

Last School Attended _____

Student lives with (check all that applies):

Father _____	Stepfather _____
Mother _____	Stepmother _____
Other _____	

Father/Guardian _____

Mother/Guardian _____

Home Address _____
(If different from applicant)

Home Address _____
(If different from applicant)

City State Zip Code

City State Zip Code

Home Telephone () _____

Home Telephone () _____

Business Telephone () _____

Business Telephone () _____

Cellular Phone () _____

Cellular Phone () _____

BUS INFORMATION:

1. Riding A.M. Bus Inbound to School? ____Y____N

2. Riding PM Outbound from School? ____Y____N

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