



Best Academy Student Enrollment Form 2009-10

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 Best Academy. **All forms must be completed in order to ensure your child enrollment at Best Academy.**

Date _____

Student Name:

(First Name) (Middle Name) (Last Name)

Grade Entering 2009-10 _____ Social Security Number _____

Date of Birth _____ / _____ / _____ Gender: M _____ F _____
Month Day Year

Home Address _____
Street
City State Zip Code

Last School Attended _____

Part A. Is this student Hispanic/Latino?
(Choose only one)
No, not Hispanic/Latino
Yes, Hispanic/Latino

Part B. What is this student's race?
(Choose one or more)
American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or
Other Pacific Islander
White

Student lives with (check all that apply):

Mother _____ Stepmother _____
Father _____ Stepfather _____
Other _____ Relation to Student: _____

Mother/Guardian _____

Father/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 to School? Y _____ N _____

2. Riding P.M. from School? Y _____ N _____

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