

Initial Student Application

Spectrum High School Grades 6-12



Applying For Grade _____ Year 2014-15 2015-16 Fall Q2 Q3 Q4

Open enrollment period for 2015-16 is from February 1, 2014 to January 31, 2015, 4 pm.
Applications must be received during these dates to be included in the annual lottery February 15, 2015.

Applicant's Name: _____
Last First Middle (Full)

Home Address: _____
Street City State Zip

Student's grade today _____ or At the close of most recent school year _____ School district student resides in: # _____

Home Phone: (_____) _____ Student's Cell Phone (Optional): (_____) _____

IMPORTANT

- Yes No Student has a sibling enrolled at Spectrum High School?
 Yes No Student is a child of a current Spectrum High School staff member?
 Yes No Student's application to be included in the lottery each year until enrollment is offered? A decline of enrollment voids the Initial Student Application. (You must inform school of contact changes.)

A charter school shall give preference for enrollment to siblings, including foster, of enrolled pupil's parents and may give preference for children of staff members before other pupils by lottery. MN Statute 124.D.10

Mother (Other please describe _____)

- Student lives with
 Include me in mailings

Full Name: _____ Email Address: _____

Home Address: _____
Street City State Zip

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

Father (Other please describe _____)

- Student lives with
 Include me in mailings

Full Name: _____ Email Address: _____

Home Address: _____
Street City State Zip

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

Sibling Info	Name/s	Grade (if in school)	School (if attending)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing this application I affirm that the information given is correct and that the student is eligible for the grade applying for. I understand that incomplete applications will not be processed.

Parent/Guardian Signature: _____ Date _____

Please return completed application to:
17796 Industrial Circle NW, Elk River, MN 55330, fax: 763.633.1380 or email: admissions@spectrumhighschool.org

Office Use Only

Date Application Rcvd: _____ Sibling or staff preference: Yes No Application received notice sent: Yes (attach copy)
To be included in lottery Yes No Lottery Date: _____ Lottery results notice sent: Yes (attach copy)
Enrollment Start Date: _____ School Year of Enrollment: FY _____ Re-Enrollment Start Date: _____

Spectrum High School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities made available to students at the school. Spectrum High School will not limit admission to pupils on the basis of intellectual ability, measures of achievement or aptitude, or athletic ability and will comply with all federal and state laws prohibiting discrimination.