



“Accomplishing excellence by fostering the love of learning”
Student Enrollment Form

Student information of _____
Last First Middle
Date of birth ___/___/___ Social Security ___-___-___
Grade entering _____

Parent/Guardian Contact Information:

Father's Name _____ Mother's Name _____
Address _____ Address _____
Home Phone _____ Home Phone _____
Cell Phone _____ Cell Phone _____
Father's Occupation _____ Mother's Occupation _____
Place of Business _____ Place of Business _____
Work Phone _____ Work Phone _____
Email _____ Email _____

Student resides with _____

All school/ student information will be sent to student's resident address unless indicated below:

If parent is unavailable in an emergency, please contact:

1 st choice:	2 nd choice:
Name _____	Name _____
Phone# _____	Phone# _____
Relationship _____	Relationship _____
Alternate phone _____	Alternate phone _____

Child's place of birth:
Town _____
County _____
State _____

Where did the student last attend school?

Please list all brothers and sisters *whether they go to school or not:*

Name	Sex	Grade	Birthdate	Birthplace	if school age, what school are they attending?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

"I understand this application expresses my interest in enrolling my child at CACS and that enrollment status is dependent upon grade the grade level I'm applying for having an opening. An enrollment form and a student request form will be forwarded to students upon acceptance.

Signed _____ Date _____
(parent/guardian)

CACS
301 13th Street
Clarkfield, MN 56223