

**DUGSI ACADEMY CHARTER SCHOOL
STUDENT ENROLLMENT / LOTTERY FORM**

1091 Snelling Avenue North, St. Paul MN 55108
(651) 642-0667 Fax (651) 642- 0668

Office Use Only	
Entry Date:	____ / ____ / ____
State ID #:	_____
District ID #:	_____

Student Information

(Please Complete All Information Requested & Return to the Above Address)

School ID#: _____

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Main Phone: () - _____

Grade Applying For: _____ Previous/Current Grade: _____

How did you hear about us? _____

Parent/Guardian/Family Information

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship to student: _____ Email: _____

Parent/Guardian 2:

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship to student: _____ Email: _____

Due to sibling enrollment preference required by Minn. Stat 124.D10 Subd. 9, Dugsi Academy asks that you identify siblings who are concurrently applying for admission at Dugsi Academy or are currently enrolled at Dugsi Academy:

	Name	Relationship	School – If Attending	Grade
1.				
2.				
3.				
4.				
5.				

- ◆ Minnesota Statute 124. D. 10 requires the school district to keep accurate and updated personal records for all students. And, it also requires that you provide immunization information to your child's school.
- ◆ A charter school shall give preference for enrollment to a sibling of an enrolled student and to a foster child of that parent and may give
- ◆ All applications must be RECEIVED by JANUARY 15th to be included in the ANNUAL LOTTERY on the MAY 15th. preference for enrolling children of the school's teachers before accepting other students by lottery.
- ◆ Review the application & make necessary corrections then RETURN to Dugsi Academy, 1091 Snelling Avenue North, St. Paul MN 55108

FOR OFFICE USE ONLY
COMPLETE ONLY AFTER STUDENT ENROLLMENT

Name: _____

Date of Birth _____

Please check one category that BEST describes the student's racial/ethnic background: (Check one only)

- | | | |
|---|---------------------------|---|
| <input type="checkbox"/> American Indian (Specify): _____ | Hispanic (Specify): _____ | <input type="checkbox"/> East African (specify) _____ |
| <input type="checkbox"/> Asian or Pacific Islander (Specify): _____ | White: _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Hmong: _____ | Other (Specify): _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Black (Specify): _____ | | |

This is the _____ time this student has ever entered this grade level.

The last school the student previously attended can be categorized as: (Check one only).

- Public School transfer Private School transfer Other Please specify: _____

Prior school: _____ City, State: _____ Year attended: _____

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Original entry into a United States school (this student has no previous school) into a United States school from a foreign country with no interruption in schooling into a United States school from a foreign country with an interruption in schooling

Has your student taken a standardized test and determined to be Gifted? Yes _____ No _____

Has your student received Special Education services? Yes _____ No _____

Did your student have an I. E. P.? Yes _____ No _____

Has your student received English Language Learner (ELL) services? Yes _____ No _____

My son or daughter previously qualified for the following lunch status: (Check one Only)

- F = Free lunch P = Full pay R = Reduced-price lunch

Custody/Guardianship of Student:

Both parents: _____ Mother: _____ Father: _____ Other (specify) _____

Emergency Contact Information	
First Name: _____	Last Name: _____
Address: _____	Apt#: _____
City, State, Zip: _____	
Emergency Phone Number: _____	Relationship to student: _____
First Name: _____	Last Name: _____
Address: _____	Apt#: _____
City, State, Zip: _____	
Emergency Phone Number: _____	Relationship to student: _____