



Student Enrollment Application | 2026-2027

Date: _____ Student ID: _____ Grade Applying For: _____

About This Application

This information will be used for the sole purpose of student registration and services. All fields are required unless marked as optional. If a field is not applicable, please write "N/A".

1- PRIMARY HOUSEHOLD INFORMATION

Where student lives most of the time

Address:

Street Address Apt / Unit # City State ZIP Code

School Communication Should Go To: Parent/Guardian 1 Parent/Guardian 2 Both

Telephone (Home)

Parent / Guardian 1

Last Name First Name Relationship to Student Legal Guardian? Yes No

Mobile Phone Work Phone Email Address

Education Level: High School Associate Bachelor's Master's Doctorate Other

Occupation

Parent / Guardian 2

Last Name First Name Relationship to Student Legal Guardian? Yes No

Mobile Phone Work Phone Email Address

Education Level: High School Associate Bachelor's Master's Doctorate Other

Occupation

Marital Status: Married Divorced Separated Single Widowed

2- SECONDARY HOUSEHOLD INFORMATION

Complete if applicable, e.g. shared custody arrangements

Address:

Street Address Apt / Unit # City State ZIP Code

Telephone (Home)

Parent / Guardian 1

Last Name First Name Relationship to Student Legal Guardian? Yes No

Mobile Phone Work Phone Email Address

Education Level: High School Associate Bachelor's Master's Doctorate Other

Occupation

Parent / Guardian 2

Last Name First Name Relationship to Student Legal Guardian? Yes No

Mobile Phone Work Phone Email Address

Education Level: High School Associate Bachelor's Master's Doctorate Other

Occupation



3- STUDENT INFORMATION

Basic Information

Last Name, First Name, Middle Name, Preferred Name (if different), Date of Birth, Birth Place (City, State/Country), Gender: Male Female, Home Language (spoken at home), Nationality / Citizenship, Religion (optional), Student Address (if different from Primary Household)

Medical Information

Blood Group, Food Allergies (if any), Medicine Allergies (if any), Communicable Diseases the Child Has Had: Chickenpox, Hepatitis, Mumps, Whooping Cough, Other, Current Medical Conditions or Ailments, Previous Hospitalizations (dates and reasons), Family Doctor Name, Family Doctor Phone Number, Participate in physical activities / sports? Yes No, Health Insurance? Yes No In Process, Type of Insurance: Medical Assistance, Minnesota Care, Private Insurance, Other

Special Education and Services

Receives Special Education (IEP)? Yes No, Has a 504 Plan? Yes No, Double promoted or retained in a grade? Yes No, Expelled from any school? Yes No, If Yes (grade retention or expulsion) — provide details, Special talents or interests the student has

Transportation & After-School Care

School bus transportation needed? Yes No, After-school care needed? Yes No

4- LAST SCHOOL INFORMATION

Name of Last School Attended, School Type: Public Private Charter Homeschool, Board Affiliation, School Address (Street), City, State, ZIP Code, School Contact Name, School Contact Email, Last Grade Completed, Last Day of Attendance, Date Attended From - To, Second Language Studied (if applicable), Special Ed. (IEP)? Yes No, 504 Plan? Yes No

For Students New to the United States

Date of Entry to United States, City and State of U.S. Entry, Number of Years in School Outside U.S., Type of School: Last Grade Completed Outside U.S. (circle one): No Schooling, Pre-K, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

5- EMERGENCY CONTACT INFORMATION

Please list name(s) of other individuals we may contact in an emergency in case we are unable to locate you first and also list who is authorized to pick up your child/children.



Primary Emergency Contact

Emergency Contact Name (First & Last) Relationship to Student Emergency Phone Email Address
Street Address City State ZIP Code

Additional Emergency Contacts — Persons Authorized to Pick Up Student

Table with 4 columns: Contacts Name, Relationship, Home Phone, Work Phone. Includes an Address row.

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6- DECLARATION OF RACIAL / ETHNIC BACKGROUND

Federal and state government mandates require the school district to identify the racial/ethnic background of each student. Racial/ethnic category is private data and will only be released under one of the following conditions:

- 1) To district employees who have a legitimate need to know;
2) To other educational agencies who have a legitimate need to know; and
3) To others agencies or individuals who provide a release form signed by you or by your child once he or she reaches legal age..

I declare the above student's racial/ethnic background to be (check one):

American Indian or Alaskan Native

A person having origins in the original peoples of North America and who maintains cultural identification through tribal identification or community recognition.

Hispanic

A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Caucasian, non-Hispanic

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Asian or Pacific Islander

A person having origins in any of the peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent.

African American

A person having origins in any of the Black racial groups of Africa.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

I understand the above designation cannot be changed for the duration of my child's enrollment in Higher Ground Academy.

Signature of Parent / Guardian Date

7- MINNESOTA LANGUAGE SURVEY

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English learner instruction at any time. Every enrolled student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Table with 3 columns: Student Name (Last, First, Middle), Date of Birth, Student ID (if known)

Table with 3 columns: Question, Check the phrase that best describes your student, If not English only, list language(s). Includes questions about first learned and spoken languages.



	<input type="checkbox"/> Only English	
3. My student understands:	<input type="checkbox"/> Language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> Only English	Language(s): _____
4. My student has consistent interaction in:	<input type="checkbox"/> Language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> Only English	Language(s): _____

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent / Guardian Name (Printed)

Date

Parent / Guardian Signature

All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

8- SIBLING INFORMATION

Complete for each sibling (use additional sheets if needed)

Sibling 1

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____ Gender: M F
 School Currently Attending _____ Grade _____ Enrolled at Higher Ground Academy? Yes No

Sibling 2

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____ Gender: M F
 School Currently Attending _____ Grade _____ Enrolled at Higher Ground Academy? Yes No

Sibling 3

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____ Gender: M F
 School Currently Attending _____ Grade _____ Enrolled at Higher Ground Academy? Yes No

Sibling 4

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____ Gender: M F
 School Currently Attending _____ Grade _____ Enrolled at Higher Ground Academy? Yes No

9- REGISTRATION REQUIREMENTS DISCLOSURE

Required Documents Checklist

To be considered for enrollment, the following items must be completed and submitted to Higher Ground Academy:

- Completed Application Form** — All sections filled out completely and signed
- Birth Certificate** — Official copy (required for Kindergarten enrollment)
- Immunization Records** — Current Minnesota immunization documentation
- Proof of Residency** — Utility bill, lease agreement, or other address verification
- Transfer Certificate / Report Card** — From previous school (if applicable)
- Special Education Records** — IEP or 504 Plan documentation (if applicable)
- Application for Educational Lunch Benefits** — Free and Reduced Lunch application
- Transportation Needs Assessment** — If requesting school bus transportation
- Language Survey** — Completed Minnesota Language Survey (Section 7)
- Medical Information** — Student health form and emergency medical authorization

Important Notices

Nondiscrimination Statement:



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA Director, Office of Adjudication, 1400 Independence Ave., S.W., Washington, D.C. 20250-9410 or call toll free, 866-632-9992. Individuals who are hearing impaired or have speech disabilities may contact USDA at 800-877-8339 or 800-845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Data Privacy Statement:

All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

Admission Policy:

Admission to Higher Ground Academy is based on merit and availability of seats at the time of application review. Enrollment is provisional and may be cancelled should any statements made in this application be found false or if required documents are not produced within 7 days of filing this application unless a different timeline has been agreed upon with the school in writing.

10- PARENT / GUARDIAN DECLARATION AND ACCEPTANCE

We are seeking admission for our child in Higher Ground Academy after having read, understood, and agreed with the terms and conditions below. We accept them and confirm that our acceptance has not been obtained by any kind of pressure or coercion of any nature whatsoever.

- 1. This application has been made by us after having read and understood all the rules of Higher Ground Academy.
2. We declare that the information furnished by us in this application is true to the best of our knowledge and belief.
3. We fully understand that admission to the school is based on merit and on availability of a seat at the time of scrutiny of our application.
4. We understand that the admission being given to the child is provisional and the same may be cancelled should any of the statements made in this form be false or if the relevant documents are not produced within 7 days of filing this application unless a different timeline has been agreed upon with the school in writing.
5. We fully understand and accept that fees are required to be paid on or before our child joins the school and thereafter as scheduled. We also understand and accept that fees once paid shall not be refunded under any circumstances by the school.
6. The school reserves the right to increase, revise, or amend the fee structure from time to time in line with changes in government policies or economic situations including, but not limited to, inflation.
7. We understand and accept that the school has the right to use our child's photograph for any publicity material, website, or social media pages, unless the same has been expressly objected to by us and intimated in writing to the school.
8. We agree that our child will strictly follow the dress code of the school and wear the uniform and shoes as approved by the school.
9. We understand and accept that our child may be expelled or removed from the school for non-payment of dues, for any infringement of rules of conduct, or if caught using unfair means during an examination.
10. We agree that our child will observe the rules relating to library, laboratories, identity card, and the code of conduct.
11. We understand that the school will require our child to create study material and other content from time to time as part of the learning process and that the school has the right to retain those materials.
12. We fully understand that enrollment priority cannot be given based on documents other than those required by the school.
13. We understand that if our child requires accommodations beyond the school's capacity, the school reserves the right to recommend alternative educational settings in the best interest of the child's future.
14. By signing below, we confirm the above declaration and accept the terms and conditions of enrollment at Higher Ground Academy.

Parent / Guardian Signatures section with signature lines, printed name lines, and date lines for two guardians.

11- OFFICE USE ONLY

Table with fields for Application Received, Staff Member, Student ID, School / Program Assigned, Enrollment Status, Interview Date, Assessment Date, Admission Decision Date, and Notes.

Before Submitting This Application: Please ensure the following: All sections are completed in full, All required documents are attached, Parent/Guardian signature(s) are provided, A copy has been made for your records, Contact information is accurate and current. Please submit completed application and all required documents to: Higher Ground Academy | 1381 Marshall Avenue, St. Paul, MN 55104 | Phone: 651-645-1000 | Fax: 651-645-2100 | In Person: 1381 Marshal Ave. St. Paul, MN 55104

Thank you for your interest in Higher Ground Elementary Academy. We look forward to partnering with you in your child's educational journey.