

**HIGHER GROUND ACADEMY  
CHARTER SCHOOL**

**REGISTRATION PACKET**  
**2005-2006**

All information given in this registration is private and confidential. This information will be used for the sole purpose of student registration and service.

To be considered for enrollment, the following items must be completed, signed by parent/guardian and submitted to Higher Ground Academy: (Appropriate Staff Member please put a check below if the requested information is complete:)

General Information

Emergency Contact

Medical Information

Immunization Records

Birth Certificate for Kindergarten

Application for Educational & Lunch Benefits

Transportation Needs

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Name of Staff member submitting application \_\_\_\_\_

1381 MARSHALL AVENUE  
SAINT PAUL, MN 55104  
PHONE (651-645-1000)  
FAX- (651-645-2100)

# General Information

(PLEASE PRINT CLEARLY)

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Parent/Guardian Name(s)

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Present Address

Area Code/Home Phone

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City

State

Zip Code

1.

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Student's Full Name

Male

Female

Date of Birth

Grade School currently enrolled/city

2.

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Student's Full Name

Male

Female

Date of Birth

Grade School currently enrolled/city

3.

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Student's Full Name

Male

Female

Date of Birth

Grade School currently enrolled/city

4.

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Student's Full Name

Male

Female

Date of Birth

Grade School currently enrolled/city

5.

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Student's Full Name

Male

Female

Date of Birth

Grade School currently enrolled/city

6.

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Student's Full Name

Male

Female

Date of Birth

Grade School currently enrolled/city

**TRANSPORTATION:** Do you need transportation on our school bus for your child/children? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

# EMERGENCY CONTACTS

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

Contact Name	Relationship	Home Phone	Work Phone
<b>Address</b>			

Contact Name	Relationship	Home Phone	Work Phone
<b>Address</b>			

Contact Name	Relationship	Home Phone	Work Phone
<b>Address</b>			

## MEDICAL INFORMATION

If your child/children have any special medical needs, please provide the follow information

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Student Name \_\_\_\_\_ (and any health concerns, allergies, medications and how often they are taken)

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Student Name \_\_\_\_\_ (and any health concerns, allergies, medications and how often they are taken)

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Student Name \_\_\_\_\_ (and any health concerns, allergies, medications and how often they are taken)

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Student Name \_\_\_\_\_ (and any health concerns, allergies, medications and how often they are taken)

*I certify that my child had chickenpox disease on this date: \_\_\_\_\_(YR) and therefore does not need a varicella shot.*

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physician** \_\_\_\_\_  
(Name and address) (Phone)

**Hospital** \_\_\_\_\_  
(Name and address) (Phone)