



Registration Date: _____	Start Date: _____
MARSS #: _____	Withdrawal Date: _____
Teacher: _____	Grade: _____ Student ID#: _____

*“Molding  
Future  
Generations”*

## REGISTRATION FORM Prairie Seeds Academy (K-12)

### STUDENT INFORMATION

**Child's Legal Name** \_\_\_\_\_  

Last
First
Middle

**Home Address** \_\_\_\_\_  

Street Name
Apartment/Building #
  
 \_\_\_\_\_  

City
State
Zip

**Home Phone** \_\_\_\_\_ **Mom's Cell** \_\_\_\_\_ **Dad's Cell** \_\_\_\_\_

**Grade** \_\_\_\_\_ **School Year** \_\_\_\_\_

**Name of Last School Attended** \_\_\_\_\_ **Did this child attend preschool? (KDG only)**  Yes  No

\_\_\_\_\_  

Address
City
State
Zip
Phone No.

### PARENT/GUARDIAN INFORMATION

**Child lives with:**  Both Parents  Mother  Father  Other \_\_\_\_\_  

Name
Relationship

**Name of Mother/Stepmother/Guardian** \_\_\_\_\_

**Employer** \_\_\_\_\_  

Name
Phone No.
E-mail

**Name of Father/Stepfather/Guardian** \_\_\_\_\_

**Employer** \_\_\_\_\_  

Name
Phone No.
E-mail

### EMERGENCY CONTACTS

**Please list TWO emergency contacts.** If your child becomes ill or if the school closes for an emergency, we must be able to contact someone other than yourself.

\_\_\_\_\_  

Name
Complete Address
Phone No.
Relationship

\_\_\_\_\_  

Name
Complete Address
Phone No.
Relationship

### LIST BROTHERS & SISTERS CURRENTLY ATTENDING PRAIRIE SEEDS ACADEMY

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Please send completed form to:**

Prairie Seeds Academy  
 Attn: Registration- Christina  
 6200 W. Broadway Ave N  
 Brooklyn Park, MN 55428

Prairie Seeds Academy does not discriminate because of sex, creed, color, religion, national origin, disability, marital status, status with regard to public assistance, sexual orientation or any other protected class status defined by local, state or federal laws.