

Great Expectations School

550 East 5th Street, P.O. Box 310
Grand Marais, MN 55604

Student Application

Student Name: _____ Date of Application: _____

Student Entry Date Desired: _____

Student Grade at Entry: _____

Parent / Guardian Information:

Primary Name(s): _____

Relationship to Student: _____

Address: (mailing) _____

(physical) _____

Phone: _____

e-mail: _____

Secondary Name: _____

(If Applicable) Relationship to Student: _____

Address: (mailing) _____

(physical) _____

Phone: _____

e-mail: _____

Signature: _____