



For office use only:

STUDENT APPLICATION

This application must be filled out completely by a parent with custodial authority or a legal guardian. Please mail or hand-deliver to Great Expectations School. Incomplete applications will not be processed.

Student Name: _____

Date of Application: _____ Student Entry Date Desired: _____

Student Grade at Entry: : _____ Note: For kindergarten entry, student must be age 5 **before** September 1st. Please contact the school regarding exceptions.

Parent / Guardian Contact Information:

Name(s): _____

Relationship to Student: _____

Address: (mailing): _____

(physical): _____

Primary Phone: _____ email: _____

To the best of my knowledge, the information on this application is true and complete:

Signed: _____ Date: _____

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