



Student Application Form

Student Information

2011-2012 School Year 2012-2013 School Year *(Please check one)*

Student's Legal Name: _____

First

Middle

Last

Enrollment Grade: *(Circle)* K 1 2 3 4 5

Address: _____

Street

Unit #

City

State

Zipcode

Family Data

Sibling Currently Enrolled Yes No

Parent/Guardian 1

Parent/Guardian current staff member at Fraser Academy Yes No

Print Name: _____

First

MI

Last

Relationship

Home Phone

Work Phone

Cell Phone

Email: _____

Parent/Guardian 2

Print Name: _____

First

MI

Last

Relationship

Home Phone

Work Phone

Cell Phone

Email: _____

I understand the above information and have provided all necessary information for student enrollment at Fraser Academy

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please complete this application and email to: info@fraseracademy.org

Or Mail/Fax to: Fraser Academy Admissions

For office use only:

Date Application received