



## Application for Admission

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LAST NAME OF CHILD	FIRST	MIDDLE	NAME COMMONLY USED
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BIRTHDATE	AGE	GENDER	GRADE TO ENTER
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CHILD'S HOME STREET ADDRESS	HOME PHONE NUMBER
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CITY	STATE	ZIPCODE
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PRESENT/MOST RECENT SCHOOL/PRESCHOOL/CHILD CARE	TEACHER'S NAME
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SCHOOL MAILING ADDRESS	SCHOOL PHONE
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### Other schools attended

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SCHOOL	CITY, STATE	GRADES AND DATES ATTENDED
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SCHOOL	CITY, STATE	GRADES AND DATES ATTENDED
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### Parent(s)/Guardian(s)

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NAME	RELATION TO APPLICANT
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NAME	RELATION TO APPLICANT
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HOME PHONE	EMAIL
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HOME PHONE	EMAIL
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MAILING ADDRESS (IF DIFFERENT FROM CHILD'S)
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MAILING ADDRESS (IF DIFFERENT FROM CHILD'S)
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OCCUPATION	WORK PLACE	WORK PHONE
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OCCUPATION	WORK PLACE	WORK PHONE
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**Applicant's siblings** with whom the applicant lives (name, date of birth, school if applicable)

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Friends School of Minnesota  
 1365 Englewood Avenue  
 St. Paul, Minnesota 55104

admissions: 651-621-8937  
 front office: 651-917-0636  
 fax: 651-917-0708

website: [www.fsmn.org](http://www.fsmn.org)  
 email: [admissions@fsmn.org](mailto:admissions@fsmn.org)





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## RELEASE OF STUDENT INFORMATION

I authorize

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NAME OF CURRENT/MOST RECENT SCHOOL

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TEACHER'S NAME

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SCHOOL STREET ADDRESS

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CITY, STATE, ZIP

to release to Friends School of Minnesota the records of:

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STUDENT'S NAME (PLEASE PRINT)

who is/was in grade(s) \_\_\_\_\_ (for preschool children, list age) at your school/child care  
in the year(s) \_\_\_\_\_

Please include copies of all grade transcripts, progress reports, and standardized test scores. I also authorize the release of copies of disciplinary and other confidential information upon request of Friends School of Minnesota officials by phone or letter.

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SIGNATURE OF PARENT/LEGAL GUARDIAN

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STREET ADDRESS

CITY

STATE

ZIP

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DATE