

Application

MINNESOTA TRANSITIONS CHARTER SCHOOLS
2872 26th AVENUE SOUTH
MINNEAPOLIS, MINNESOTA 55406
Phone 612-722-9013 Fax 612-722-0013

Applying for 2009- 10 Summer Semester Fall Semester Spring Semester

How did you hear about MTS? Friend Mail Radio Referral, who?

Student / Parent / Legal Guardian Information

Student's Name (Full Legal Name Required) _____

Birthdate ____/____/____

Parent / Legal guardian's Name _____

Relationship to student _____

Address _____

City _____ Zip _____

Home phone _____

Workphone _____

Other (cell, pager, email) _____

Parent/Guardian Signature _____ Date ____/____/____

What grade are you in? _____

What was your last school? _____

What school will you attend in the Fall? _____

Please list an emergency contact other than your Parent / Legal guardian

Name _____

Relationship to student _____

Phone # 1 _____

Phone #2 _____

Which MTS Program are you applying for? _____

General Permission Form

In order for us to better serve, you and your child please read then complete the following.

I understand that an important part of the school program includes outings into the community, fieldtrips and field experiences. I am also aware that students will engage in walking trips around the community accompanied by school staff. MTS often photographs these activities. Therefore, I give permission for my child to participate in these trips and to be photographed. Photographs may be used for school publications.

