HIGHER GROUND ACADEMY

Student Enrollment Application | ***2026–2027 Academic Year***

1381 Marshall Avenue, St. Paul, MN 55104 · (651) 645-1000 · Fax: (651) 645-2100

Date *Student ID* *Grade Applying For*

About This Application: *All information is private and confidential, used solely for student registration and educational services. All fields required unless marked optional — write "N/A" if not applicable.*

1 STUDENT INFORMATION

Student to be enrolled · Complete one block per enrolling student — leave unused blocks blank.

STUDENT 1

First Name *Last Name* *Middle Name* *Date of Birth*

Birth Place (City, State/Country) **Gender:** ☐ Male ☐ Female *Home Language (spoken at home)*

Food Allergies (if any) *Medicine Allergies (if any)* **Communicable Diseases:** ☐ Chickenpox ☐ Hepatitis ☐ Mumps ☐ Whooping Cough ☐ Other: ___

Current Medical Conditions / Ailments *Recent Hospitalizations (dates and reasons)*

Phys. activities / sports? ☐ Yes ☐ No *If No — explain restrictions* **Health Insurance?** ☐ Yes ☐ No ☐ In Process *Family Doctor Name*

Insurance Type: ☐ Medical Assistance ☐ Minnesota Care ☐ Private ☐ Other *Family Doctor Phone*

Special Ed (IEP)? ☐ Yes ☐ No **504 Plan?** ☐ Yes ☐ No **Retained in grade?** ☐ Yes ☐ No **Expelled?** ☐ Yes ☐ No *Special talents / interests*

If Yes to any above — provide details

Name of Last School Attended *City / State*

STUDENT 2

First Name *Last Name* *Middle Name* *Date of Birth*

Birth Place (City, State/Country) **Gender:** ☐ Male ☐ Female *Home Language (spoken at home)*

Food Allergies (if any) *Medicine Allergies (if any)* **Communicable Diseases:** ☐ Chickenpox ☐ Hepatitis ☐ Mumps ☐ Whooping Cough ☐ Other: ___

Current Medical Conditions / Ailments *Recent Hospitalizations (dates and reasons)*

Phys. activities / sports? ☐ Yes ☐ No *If No — explain restrictions* **Health Insurance?** ☐ Yes ☐ No ☐ In Process *Family Doctor Name*

Insurance Type: ☐ Medical Assistance ☐ Minnesota Care ☐ Private ☐ Other *Family Doctor Phone*

Special Ed (IEP)? ☐ Yes ☐ No **504 Plan?** ☐ Yes ☐ No **Retained in grade?** ☐ Yes ☐ No **Expelled?** ☐ Yes ☐ No *Special talents / interests*

If Yes to any above — provide details

Name of Last School Attended *City / State*

STUDENT 3

First Name *Last Name* *Middle Name* *Date of Birth*

Birth Place (City, State/Country) **Gender:** ☐ Male ☐ Female *Home Language (spoken at home)*

Food Allergies (if any) *Medicine Allergies (if any)* **Communicable Diseases:** ☐ Chickenpox ☐ Hepatitis ☐ Mumps ☐ Whooping Cough ☐ Other: ___

Current Medical Conditions / Ailments *Recent Hospitalizations (dates and reasons)*

Phys. activities / sports? ☐ Yes ☐ No *If No — explain restrictions* **Health Insurance?** ☐ Yes ☐ No ☐ In Process *Family Doctor Name*

Insurance Type: ☐ Medical Assistance ☐ Minnesota Care ☐ Private ☐ Other *Family Doctor Phone*

Special Ed (IEP)? ☐ Yes ☐ No **504 Plan?** ☐ Yes ☐ No **Retained in grade?** ☐ Yes ☐ No **Expelled?** ☐ Yes ☐ No *Special talents / interests*

If Yes to any above — provide details

Name of Last School Attended *City / State*

STUDENT 4

First Name *Last Name* *Middle Name* *Date of Birth*

Birth Place (City, State/Country) **Gender:** ☐ Male ☐ Female *Home Language (spoken at home)*

Food Allergies (if any) *Medicine Allergies (if any)* **Communicable Diseases:** ☐ Chickenpox ☐ Hepatitis ☐ Mumps ☐ Whooping Cough ☐ Other: ___

Current Medical Conditions / Ailments *Recent Hospitalizations (dates and reasons)*

Phys. activities / sports? ☐ Yes ☐ No *If No — explain restrictions* **Health Insurance?** ☐ Yes ☐ No ☐ In Process *Family Doctor Name*

Insurance Type: ☐ Medical Assistance ☐ Minnesota Care ☐ Private ☐ Other *Family Doctor Phone*

Special Ed (IEP)? ☐ Yes ☐ No **504 Plan?** ☐ Yes ☐ No **Retained in grade?** ☐ Yes ☐ No **Expelled?** ☐ Yes ☐ No *Special talents / interests*

If Yes to any above — provide details

Name of Last School Attended *City / State*

TRANSPORTATION & AFTER-SCHOOL CARE

STUDENT	SCHOOL BUS TRANSPORTATION	AFTER-SCHOOL CARE
Student 1	☐ Yes ☐ No	☐ Yes ☐ No
Student 2	☐ Yes ☐ No	☐ Yes ☐ No
Student 3	☐ Yes ☐ No	☐ Yes ☐ No
Student 4	☐ Yes ☐ No	☐ Yes ☐ No

2 SIBLING INFORMATION

Already enrolled in HGA · Complete for each sibling — use additional sheets if needed.

SIBLING 1

Last Name *First Name* *Middle Name* *Date of Birth* **Gender:** ☐ M ☐ F *Grade*

SIBLING 2

Last Name *First Name* *Middle Name* *Date of Birth* **Gender:** ☐ M ☐ F *Grade*

SIBLING 3

Last Name *First Name* *Middle Name* *Date of Birth* **Gender:** ☐ M ☐ F *Grade*

SIBLING 4

Last Name *First Name* *Middle Name* *Date of Birth* **Gender:** ☐ M ☐ F *Grade*

3 PRIMARY HOUSEHOLD INFORMATION

Where student(s) live most of the time.

PARENT / GUARDIAN 1

Last Name *First Name* *Relationship to Student* **Legal Guardian?** ☐ Yes ☐ No

Mobile Phone *Work Phone* *Email Address* *Occupation*

HOUSEHOLD ADDRESS

Street Address *Apt / Unit #* *City* *State* *ZIP Code*

Telephone (Home) **School Communication:** ☐ Parent/Guardian 1 ☐ Parent/Guardian 2 ☐ Both

4 EMERGENCY CONTACT INFORMATION

List individuals to contact if we cannot reach Parent/Guardian 1, and those authorized to pick up student(s).

PARENT / GUARDIAN 2

Last Name *First Name* *Relationship to Student* **Legal Guardian?** ☐ Yes ☐ No

Mobile Phone *Work Phone* *Email Address* *Occupation*

ADDITIONAL CONTACTS — AUTHORIZED TO PICK UP STUDENT(S)

CONTACT'S NAME	RELATIONSHIP	HOME PHONE	WORK PHONE
Address			
Address			
Address			
Address			

5 DECLARATION OF RACIAL / ETHNIC BACKGROUND

Federal and state mandates require identifying each student's racial/ethnic background. This is private data released only to: (1) district employees with a need to know; (2) other educational agencies with a need to know; (3) agencies or individuals with a signed release form. This designation cannot be changed for the duration of enrollment.

I declare the above student's racial/ethnic background to be (check one):

☐ **American Indian or Alaskan Native**
A person having origins in the original peoples of North America who maintains cultural identification through tribal identification or community recognition.

☐ **Asian or Pacific Islander**
A person having origins in any of the peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent.

☐ **Hispanic**
A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☐ **African American**
A person having origins in any of the Black racial groups of Africa.

☐ **Caucasian, non-Hispanic**
A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

I understand the above designation cannot be changed for the duration of my child's enrollment in Higher Ground Academy.

Signature of Parent / Guardian *Date*

6 MINNESOTA LANGUAGE SURVEY

Minnesota has speakers of more than 100 languages. This determines if your student is multilingual and may qualify for a Multilingual Seal or English language development instruction. Required by federal and state law.

Student Name (Last, First, Middle) *Date of Birth* *Student ID (if known)*

QUESTION	CHECK THE PHRASE THAT BEST DESCRIBES YOUR STUDENT	IF NOT ENGLISH ONLY, LIST LANGUAGE(S)
1. My student first learned:	☐ Language(s) other than English ☐ English and language(s) other than English ☐ Only English	*Language(s):*

2. My student speaks:	☐ Language(s) other than English ☐ English and language(s) other than English ☐ Only English	*Language(s):*
3. My student understands:	☐ Language(s) other than English ☐ English and language(s) other than English ☐ Only English	*Language(s):*
4. My student has consistent interaction in:	☐ Language(s) other than English ☐ English and language(s) other than English ☐ Only English	*Language(s):*

Language use alone does not identify a student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

All data on this form is private, shared only with district staff for legally required reporting to the Minnesota Department of Education.

Parent / Guardian Name (Printed) *Parent / Guardian Signature* *Date*

7 PARENT / GUARDIAN DECLARATION & ACCEPTANCE

We are seeking admission for our child after having read, understood, and agreed with the terms below. Our acceptance has not been obtained by any form of pressure or coercion.

1. This application has been made by us after having read and understood all the rules of Higher Ground Academy.
2. We declare that the information furnished is true to the best of our knowledge and belief.
3. We fully understand that admission is based on merit and availability of a seat at the time of scrutiny of our application.
4. We understand that admission is provisional and may be cancelled if statements are found false or required documents are not produced within 7 days unless a different timeline is agreed upon in writing.
5. We understand and accept that fees must be paid before our child joins the school and that fees once paid shall not be refunded.
6. The school reserves the right to increase or amend fees in line with changes in government policies or economic situations.
7. We understand the school has the right to use our child's photograph for publicity unless expressly objected to in writing.
8. We agree that our child will follow the school dress code and wear the approved uniform.
9. We understand our child may be expelled for non-payment, infringement of conduct rules, or use of unfair means during examinations.
10. We agree our child will observe rules relating to library, laboratories, identity card, and code of conduct.
11. We understand the school may require our child to create study material and retains the right to keep those materials.
12. We understand enrollment priority cannot be given based on documents other than those required by the school.
13. We understand that if our child requires accommodations beyond school capacity, the school may recommend alternative educational settings.
14. By signing below, we confirm the above declaration and accept the terms and conditions of enrollment at Higher Ground Academy.

PARENT / GUARDIAN SIGNATURES

Parent / Guardian 1 — Signature *Parent / Guardian 2 — Signature*

Printed Name *Date* *Printed Name* *Date*

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8 OFFICE USE ONLY

Application Received:	Staff Member:	Student ID:	School / Program:	Enrollment Status:

Interview Date:	Assessment Date:	Decision Date:	☐ Pending ☐ Accepted ☐ Waitlisted ☐ Denied **Notes:**

Additional Notes:

REQUIRED DOCUMENTS CHECKLIST

The following must be submitted to Higher Ground Academy to be considered for enrollment:

- ☐ **Completed Application Form —** All sections filled out and signed
- ☐ **Birth Certificate —** Official copy (required for Kindergarten)
- ☐ **Immunization Records —** Current Minnesota documentation
- ☐ **Proof of Residency —** Utility bill, lease, or address verification
- ☐ **Transfer Certificate / Report Card —** From previous school (if applicable)
- ☐ **Special Education Records —** IEP or 504 Plan documentation (if applicable)
- ☐ **Application for Lunch Benefits —** Free and Reduced Lunch application
- ☐ **Transportation Needs Assessment —** If requesting school bus transportation
- ☐ **Language Survey —** Completed Minnesota Language Survey (Section 6)
- ☐ **Medical Information —** Student health form and emergency medical authorization

IMPORTANT NOTICES

Nondiscrimination Statement: *In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint, write USDA Director, Office of Adjudication, 1400 Independence Ave., S.W., Washington, D.C. 20250-9410 or call 866-632-9992.*

Data Privacy: *All data on this form is private. It will only be shared with district staff for student services and legally required reporting to the Minnesota Department of Education. Not shared with other individuals or entities except as authorized by state or federal law.*

Admission Policy: *Admission is based on merit and availability. Enrollment is provisional and may be cancelled if statements are found false or required documents are not produced within 7 days of filing this application unless a different timeline is agreed upon in writing.*

BEFORE SUBMITTING

- ☐ All sections completed in full
- ☐ All required documents are attached
- ☐ Parent/Guardian signature(s) provided
- ☐ A copy has been kept for your records
- ☐ Contact information is accurate and current

Submit to: Higher Ground Academy | 1381 Marshall Avenue, St. Paul, MN 55104 | Phone: 651-645-1000 | Fax: 651-645-2100

Thank you for your interest in Higher Ground Academy. We look forward to partnering with you in your child's educational journey.