



Hiawatha Leadership Academy

STUDENT ENROLLMENT APPLICATION 2009-2010

PLEASE PRINT

PH: (612) 987-5688 | FAX: (612) 825 - 4777 | www.hiawathaleadershipacademy.org | 4537 3rd Ave S. Minneapolis MN 55419

Date:

Student's Name: Last First Middle

Entering Grade in Fall 2009:

Student Date of Birth: Sex: M F

Student lives with: Parent(s) Guardian Foster Care Other:

1st Parent/Guardian Name : First Name Last Name

Home Address :

Apt. #: City: ZIP:

Home Phone : Work Phone: Cell Phone:

Email Address (if any)

2nd Parent/Guardian Name : First Name Last Name

Home Address :

Apt. #: City: ZIP:

Home Phone : Work Phone: Cell Phone:

Email Address (if any)

How did you learn about HLA?

Do you have a family member attending HLA? Yes (Who): No

Other information that you feel is important for HLA to know about your child:

Please mail application to:
Hiawatha Leadership Academy
4537 3rd Ave. S.
Minneapolis, MN 55419

Signature _____ Date _____