

Application for Admission
Prairie Creek Community School K-5 Public Charter School

Date of Application: _____

Name of Student: _____ Sex ____M ____F

Date of Birth: _____

Home Address: _____ City/Zip Code _____

Home Phone Number: _____ Cell phone Number _____

Primary e-mail address _____

Grade Level for fall of 20____ (circle one) Kindergarten 1 2 3 4 5

Age by September 1 _____ Years _____ Months

Name of Parent: _____

Occupation: _____ Business Phone: _____

Employer: _____ Does child reside with you? Yes No

Name of Parent: _____

Occupation: _____ Business Phone: _____

Employer: _____ Does child reside with you? Yes No

School District of Residence: _____

Do you have a sibling attending Prairie Creek School? Yes No

Parent or Guardian Signature: _____ Date: _____

Please Return To:
Prairie Creek Community School
27695 Denmark Ave.
Northfield, MN 55057
507-645-9640