



Stonebridge Community School

**Application Form**

*(Please complete a form for each student)*

Student Name \_\_\_\_\_

Requested Grade Level \_\_\_\_\_

***Contact Information***

Guardian or parent name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about Stonebridge Community School? \_\_\_\_\_

\_\_\_\_\_

Please return completed form to:

Stonebridge Community School

4 West Franklin Avenue

Minneapolis, MN 55404

***Questions? Call 612-877-7400***

**Office Use Only**

Date Student Application Received \_\_\_\_\_

Date Student Enrolled \_\_\_\_\_ Date Student Withdrew \_\_\_\_\_

Date Student Put On Waiting List \_\_\_\_\_ Grade \_\_\_\_\_