



Stonebridge Community School

**2010-11 Application Form**

*(Please complete a form for each student)*

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

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

**Contact Information**

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

Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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**

Application Received

Date \_\_\_\_\_

Student Enrolled

Date \_\_\_\_\_

On Waiting List

Date \_\_\_\_\_

Application Withdrew Date

Date \_\_\_\_\_

**New Location as of June 30, 2010: 4530 Lyndale Avenue South  
Minneapolis, MN 55419**