



## ENROLLMENT APPLICATION

Please complete an enrollment application for each child and mail/drop it off to: New Millennium Academy, 5105 Brooklyn Blvd, Brooklyn Center, MN 55443. You can also email the completed application to [lisa.xiong@nmaedu.org](mailto:lisa.xiong@nmaedu.org).

**Date of Application:** \_\_\_\_\_

### SCHOLAR INFORMATION

**Scholar's Name:** \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

**Address:** \_\_\_\_\_  
(Street Address) (City, State, Zip)

What grade are you applying the scholar for? (Please circle)

Kindergarten

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

5<sup>th</sup>

6<sup>th</sup>

7<sup>th</sup>

8<sup>th</sup>

### PARENT INFORMATION

**Name of Parent:** \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

<b>Cell Phone:</b>	_____	<b>Email:</b>	_____
<b>Home Phone:</b>	_____	<b>Work Phone:</b>	_____

### ACKNOWLEDGEMENT

By signing this application, I am expressing interest in enrolling my child at New Millennium Academy (NMA). I also understand that NMA will contact me whether there is any availability for the grade level I am applying for. Once an availability is confirmed, NMA will schedule an appointment to complete the enrollment process including information on forms and documents I need to bring to the appointment.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date