Minnesota New Country School (MNCS)
K-12 Public Charter School in Henderson, MN 56044
Elementary: PO Box 7, 127 N. 8th Street
            Ph 507-868-0071, Fx 507-868-0074
High School: PO Box 488, 210 Main Street
              Ph 507-248-3353, Fx 507-248-3604
Website: www.newcountryschool.com

Return completed form by Mail, Fax, or Email to enrollment@newcountryschool.com

STUDENT Information: (Please complete a separate application for each K-12 student)
Last Name: ____________________________     First Name: ____________________________     M.I. _____
Street Address: ______________________________________________________________
City/State/Zip Code: __________________________________________________________
Home Phone: _____________________________     E-mail:________________________________________
Grade this student is applying for in school year 2022-23: __________

Please answer the following questions:
Is this student a child of a current MNCS Staff member?     No    Yes
For Kindergarten only, has this child had a Preschool Screening?   No   Yes  (Location of screening:_________________)

Sibling enrollment preference is required by Minn. Stat. § 124.D10 Subd. 9.
Minnesota New Country School asks that you list any siblings who are currently enrolled as students at MNCS.
Or if applicable, list any siblings who are concurrently applying for new enrollment at MNCS.
Name: ____________________________________     Grade in school year 2022-23: __________
Name: ____________________________________     Grade in school year 2022-23: __________

PARENT/GUARDIAN Information:
Mother/Guardian Name: ___________________________________________________________
Phone: ____________________________     E-mail:____________________________________
Street Address (if different from student above): _________________________________
City/State/Zip Code: __________________________________________________________

Father/Guardian Name: _________________________________________________________
Phone: ____________________________     E-mail:____________________________________
Street Address (if different from student above): _________________________________
City/State/Zip Code: __________________________________________________________

Parent/Guardian Signature:_______________________________ Date:_______________

For MNCS to complete:
Date form received: ___________ Form received by: __________________________
Toured by: ______________________ Toured on date: ________________

form updated 3/14/22