



# Ubah Academy Enrollment Form

Today's Date: \_\_\_\_\_

Parents or Guardian: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

**Email address:** \_\_\_\_\_ We will utilize email to notify families of enrollment status/wait list

**Student Name:** \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

**Grade your student will be for the 2025/2026:** \_\_\_\_\_ **Grade your student will be for the 2026/2027:** \_\_\_\_\_

## Sibling/Foster Sibling Enrollment

Due to sibling/foster sibling enrollment preference required by Minn. Stat. §124.D10 Subd. 9, Ubah Academy asks that you identify siblings/foster siblings who are concurrently applying for admission at Ubah Academy or are currently enrolled at Ubah Academy. *All siblings/foster siblings must have a separate form. Please list name(s) and grade(s).*

For more information about enrollment please call us at (952) 540-2942