

Admissions Referral Form



Referred Family Information

Campus(es) of interest: _____

Parent(s): _____
first name(s) last name

Address: _____
number street city state zip

Phone number or e-mail, if available: _____

Current grade or age of student(s), if known: _____

Referral made by: _____ Date: _____

Projected 2008-09 openings—all grades at the Edina and high school campuses, grades K, 3, 5, and 7 at the Blaine campus.

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