

Return to: Kato Public Charter School  
Attention: Business Office  
110 North 6<sup>th</sup> Street  
Mankato, MN 56001  
Phone: 507/387-5524 – Fax: 507/387-5680  
www.katopcs.org

## STUDENT INFORMATION:

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Student Middle Name \_\_\_\_\_

Student Home Address \_\_\_\_\_ Student Home City/State/Zip \_\_\_\_\_

Student Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_ Student E-mail Address \_\_\_\_\_

Grade Applying For \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

### Parent/Guardian #1:

Biological  Step-parent  Other (please describe relationship) \_\_\_\_\_

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

### Parent/Guardian #2:

Biological  Step-parent  Other (please describe relationship) \_\_\_\_\_

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

### Non-custodial parent (if applicable):

Biological  Step-parent  Other (please describe relationship) \_\_\_\_\_

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

***\*\*My signature certifies all information listed above is accurate.\*\****

\_\_\_\_\_  
Parent or Guardian Signature/Student's Signature if 18 Years Old or Older

\_\_\_\_\_  
Date