Kato
PUBLIC CHARTER SCHOOL

APPLICATION 2024-2025

Return to: Kato Public CharterSchool
Attention: Business Office
110 North 6th 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