



# APPLICATION 2019-2020

Return to: Kato Public Charter School  
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\_\_\_\_\_

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

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

\_\_\_\_\_  
Date