APPLICATION 2018-2019

Return to: Kato Public Charter School
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