

Green Isle Community School

190 McGrann Street ♦ PO Box 277 ♦ Green Isle, MN 55338
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Application

STUDENT INFORMATION:

Student Last Name Student First Name Student Middle Name

Student Home Address Student Home City/State/Zip

Grade Applying For

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1

1. Biological Step-Parent Other (please describe relationship)_____
2. Name _____ Email Address _____
3. Cell Phone _____ Work Phone _____

Parent/Guardian #2

1. Biological Step-Parent Other (please describe relationship)_____
2. Name _____ Email Address _____
3. Cell Phone _____ Work Phone _____

Non-Custodial Parent (if applicable)

1. Biological Step-Parent Other (please describe relationship)_____
2. Name _____ Email Address _____
3. Cell Phone _____ Work Phone _____

** My signature certified all information listed above is accurate**

Parent/Guardian Signature

Date