



**Minnesota Transitions Charter School
Admissions Form
2025-2026 School Year | Full-Time Student**

Student's Legal Name _____
(Last name) (First name) (Middle name) (Name student likes to be called)

Address _____ **Apt/Unit/Lot #:** _____ **City, Zip** _____
(City, Zip)

Birth date ___/___/___ **Grade Applying For:** _____

Student Email _____ **Student Phone: (____)** _____

Legal Guardian #1 _____ **Sex** M F
(Last name) (First name) (Middle initial)

Does student reside with this person? Yes No Relationship to student _____

Address _____ *Check if no permanent MN residence.
(City, Zip)

Primary Phone (____) _____ **Secondary Phone (____)** _____

Legal Guardian #1 Email _____ *Check if no email account.

Legal Guardian #2 _____ **Sex** M F
(Last name) (First name) (Middle initial)

Does student reside with this person? Yes No Relationship to student _____

Address _____ *Check if no permanent MN residence.
(City, Zip)

Primary Phone (____) _____ **Secondary Phone (____)** _____

Legal Guardian #2 Email: _____ *Check if no email account.

- Student is eligible for enrollment to MTS Schools
- Student is ineligible for enrollment to MTS Schools

Staff Initials: _____