

Ubah Medical Academy



Charter High School

1600 Main Street , Hopkins, 55343
952-540-2942 (phone) 952-999-8083 (fax)
www.ubahmedicalacademy.org

Ubah Medical Academy Application Form

Due to limited space, Pre-registration is required to secure enrollment!

Today's Date: _____

Parents or Guardian: _____
(First Name) (Middle Name) (Last Name)

Address: _____ Apt# _____ City: _____ Zip: _____

Phone: (_____) _____ Cell: (_____) _____

Student(s) Enrolling: **Please PRINT**

Student Name: _____
(First Name) (Middle Name) (Last Name)

Last School Attended: _____
(School Name) (City & State) (Grade Level)

Student Name: _____
(First Name) (Middle Name) (Last Name)

Last School Attended: _____
(School Name) (City & State) (Grade Level)

***If registering more than 2 students from the same family, please use additional sheets.
For more information about enrollment please call us at (952) 540-2942**