

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 student from the same family, please use additional sheets.  
For more information about enrollment please call Abdirizak @ 612-227-0719**