

Ubah Academy



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

Ubah 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 the office @ 952-540-2942