



APPLICATION FOR ENROLLMENT SCHOOL DISTRICT ENROLLMENT OPTIONS PROGRAM

ED-01861-21

GENERAL INFORMATION AND INSTRUCTIONS: Kindergarten through twelfth grade students and pre-kindergarten children with disabilities may apply to attend a public school outside of their resident district (Minn. Stat. § 124D.03). Use one application for each student.

Parent/Guardian: Request school and program information from districts, visit schools, and ask questions of administrators, teachers, parents and students. You may also visit the Department of Education's Web Site at <http://education.state.mn.us> for information about school districts, schools and school programs. If you have questions or need assistance, call Enrollment Options at (651) 582-8471.

Once you decide to apply, you must inform the school your child is currently attending that you are applying to a non-resident district for enrollment.

Complete Section 1 and sign Section 2. Send the completed application to the **non-resident district (not to Department of Education)**. **Applications must be sent to the non-resident district by January 15** for enrollment beginning the following school year. If you miss the January 15 deadline, contact the non-resident district to determine if you are eligible for a waiver of that deadline.

You can expect to receive an approval or disapproval from the non-resident district by **February 15**. When you receive an approval of your application you must by **March 1** notify the non-resident district of your commitment to attend there the following school year.

| SECTION 1: TO BE COMPLETED BY THE STUDENT'S PARENT OR GUARDIAN | | | |
|--|--|--|---|
| Parent/Guardian Name (Last, First, M.I.) | | Telephone Number Home: () - Work: () - | |
| Parent/Guardian Address | | City/State/Zip Code | |
| Resident District | | City | |
| District of Choice (Non-Resident School District) | | | |
| Student Name (Last, First, M.I.) | | Birthdate Mo. _____ Day _____ Year _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| School Currently Attending or Last Attended | | Grade (as of today's date) | Special Needs (optional) |
| Reason for Request: (This does not affect your acceptance) | | List school(s) choice(s) in non-resident district in order of priority 1. _____ 2. _____ 3. _____ | |
| For Minneapolis students applying for the "Choice is Yours" plan, do you believe your child qualifies for free or reduced price lunch? No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> | | | |
| Are you applying to other districts? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, which district(s): _____ | | | |

| SECTION 2: PARENT/GUARDIAN VERIFICATION OF INFORMATION | |
|--|-------------|
| I hereby verify that the above information is true and correct to the best of my knowledge and belief. | |
| _____ | _____ |
| <i>Signature – Parent/Guardian</i> | <i>Date</i> |

Non-Resident District: Complete Section 3. The non-resident district must notify parents/guardians by **February 15** of approval or disapproval of application. After receipt of commitment to attend, the non-resident district must notify the resident district by **March 15** of the student's intent to enroll. Copies of all disapproved applications must be sent to the Department of Education.

| SECTION 3: TO BE COMPLETED BY THE NONRESIDENT DISTRICT | | |
|--|--|---------------------------|
| Date of Receipt of Application | District Name | District Number |
| Contact Person | Title | Telephone Number () - |
| <input type="checkbox"/> APPROVED ¹ <input type="checkbox"/> DISAPPROVED² | | |
| _____ | | _____ |
| <i>Signature - Superintendent / Responsible Authority</i> | | <i>Date</i> |
| ¹ On the basis of information provided in the above application, and with respect to district criteria, policies and procedures, the above student will be assigned for enrollment in: _____ on _____ at _____ <i>School Building Name Starting Date Grade Level</i> Please visit the district offices at least ten (10) days prior to the above starting date for completion of all enrollment forms. | ² The above district is unable to approve your request for enrollment for the following reason(s): <input type="checkbox"/> Lack of capacity in a building <input type="checkbox"/> Lack of capacity in a program <input type="checkbox"/> Lack of capacity in a class <input type="checkbox"/> Already reached enrollment set by law | |