

General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education

The General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education is the required application for all Minnesota school districts. Please use this application for inter-district K- 12 open enrollment and inter-district enrollment in Early Childhood Special Education (ECSE). Please use the Statewide Enrollment Options Application for State-funded Voluntary Pre-Kindergarten and School Readiness Plus for voluntary pre-kindergarten or school readiness plus open enrollment.

IMPORTANT NOTE: Do not disclose other information to the non-resident district until a seat is offered in writing. At that point, the district will request information such as special needs, birth date, race, ethnicity, academic and other records.

Section 1: To be Completed by One or Both of the Student's Parents or Guardians

Student Information		
Student Last Name:	First:	Full Middle:
Will the student be at least age 5 and under age 21 by \square Yes \square No*	September 1 of the enrollment y	ear or be applying for ECSE?
*If No, please read information in the Statew	vide Enrollment Options Ins	structions before proceeding.
Student's current grade level (If applying for	ECSE, write EC):	
Grade Level Desired:		
Student Resident District Informat	ion	
Resident District Name:	District Number:	City:
District of Choice (non-resident sch	nool district)	
District of Choice Name:	District Number:	City:
Identify the reason for the request to enroll i		
Duilding or City or Drogram Drofors		
Building or Site or Program Prefere		
If the non-resident school district has multiple	• • •	
rank sites/programs in order of preference (a		sirea).
1		
2		
3		
Enrollment Timeline		
When are you seeking to enroll your child?		
Immediately		

☐ Next school year.

☐ Not immediately, but sometime during the current school year

Special Situations					
Please check all that apply.					
☐ Sibling preference: student has	a sibling currently	open-enrolled in this nor	n-resident district.		
☐ Employee child preference: Stu	dent has parent or	legal guardian who is a N	Minnesota resident who is		
an employee of the non-resident of	district.				
☐ Family move: The student's resi	dent district chang	ed after December 1 pric	or to the school year		
requested, waiving deadlines.					
☐ Student is a resident of City of E	dina but the reside	ent school district for the	student's Edina home is		
not Edina Public Schools. Student	seeks enrollment ir	n Edina Public Schools.			
	to and/or a move c	out of a district that recei	ives Achievement and		
Integration Revenue, waiving dead					
☐Student is currently expelled un		·			
Minnesota Statutes, section 124D.					
district to deny the application.			·		
Parent/Legal Guardian Info	ormation				
The student must live with at least	one parent/guard	ian who lives in Minneso	ota.		
Parent/Legal Guardian 1:					
Last Name:	First Name		MI:		
Home Phone:					
Work Phone:					
Cell Phone:					
E-mail:					
Street Address:					
City:	State:	ZIP:			
Parent/Legal Guardian 2 (option	· · · · · · · · · · · · · · · · · · ·				
Last Name:					
First Name:					
MI:					
Home Phone:					
Work Phone:					
Cell Phone:					
E-mail:					
Street Address:					
City:	State:	ZIP:			
Signature of at Least One I	Parent/Legal G	uardian is Required	d		
I hereby verify that the above information is true and correct to the best of my knowledge.					
Signature of parent/legal g					
Signature of parent/legal guardian 2 (ontional):		Date:		
O	op donary.				

Submission Information

For priority consideration, please complete this application and send it to the Superintendent's Office in the <u>non-resident District</u> by **January 15** before the first fall enrollment. Please do not send this application to the Minnesota Department of Education. Use one application per student per requested district. Applications received by the non-resident district after the January 15 deadline may qualify for exceptions to deadline or, if not, districts may voluntarily agree to allow enrollment through a voluntary *School District Non-resident Agreement for Inter-district Enrollment*.

Section 2: To be Completed by the Non-resident District

Non-resident District: Notify parents/guardians of application approval or disapproval in writing by February 15 or no more than 90 days after receiving applications that come later through an Achievement and Integration School Choice Program If rejected, you must let families know legal reason for denial. Reminder: ECSE open enrollment applications cannot be denied solely due to lack of capacity to provide special education services. (See Minn. Stat. § 124D.03, subd. 6). Please expedite any requests for open enrollment into Early Childhood Special Education Services. Families must accept or decline the offer by March 1 or 45 days after notification that their application has been approved. After receiving the commitment to attend, the non-resident district must notify the resident district by March 15 (or 30 days after initial receipt if form filed after January 15) of the student's intent to enroll. Districts must report all counts of rejected applications and reasons to the Minnesota Department of Education by July 15 or each year.

Date Application Received:	
District Name:	
District Number:	
District Contact Name:	
Title:	
Phone:	
Email Address:	
Does the January 15 deadline apply?	
☐ Yes, the deadline applies and it was met.	
☐ Yes, but it was not met. If this is the case, contact the superintendent's or immediately regarding Section 3 of this form to determine whether the residustrict will agree to a Non-resident Agreement to serve the student prior to available. ☐ No, one or both districts receive Achievement and Integration funding fro ☐ No, family moved to resident district on December 1 or later. ☐ No, the commissioner of education and commissioner of human rights har district's policies, procedures or practices are in violation of Title IV of the Civ§124D.03, subd.7).	dent district and your open enrollment becoming mMDE. Ve determined the resident
Will the student have priority in a lottery?	an involving the districts.

Approval/Disapproval of Open Enrollment Application

☐ APPROVED STUDENT ASSIGNMENT SITE/PROGRAM: On the basis of ir application, and with respect to district policies and procedure School Building Name:	s, the above student will be a	assigned to:
School building Name.	_Starting Date	Grade Level
□ NOT APPROVED The non-resident district has denied the request for open enro allowed in Minnesota Statutes, section 124D.03. Reminder: EC be denied based on special education program capacity. Check □ The January 15 deadline applies and was not met; situations not present. See Statewide Enrollment Options Instructions or subdivision 3. □ Statutory enrollment cap has been reached for open enrollm □ Grade is closed district-wide by board action. (Minn. Stat. § 2) □ District has denied the application because of specific expulse 124D.03, subd.1)	SE open enrollment application all that apply: that would have waived the Minnesota Statutes, section ment. (Minn. Stat. § 124D.03, 124D.03, subd. 2 and subd.6)	deadline are 124D.03, subd.2)
NOTIFICATION TO RESIDENT DISTRICT Non-resident district must notify resident district or last district later of the pupil's intent to enroll in the non-resident district applies to transfer from one participating non-resident district district.	The same procedures apply t	o a pupil who
Name of Superintendent/Responsible Authority: Signature: Date:		
Date:		

Please Note: districts may not modify this form, add data fields or create alternative formats.