



## 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 September 1 of the enrollment year or be applying for ECSE?

☐ Yes ☐ No\*

**\*If No, please read information in the [Statewide Enrollment Options Instructions](#) before proceeding.**

Student's current grade level (If applying for ECSE, write EC): \_\_\_\_\_

Grade Level Desired: \_\_\_\_\_

## Student Resident District Information

Resident District Name: \_\_\_\_\_

District Number: \_\_\_\_\_

City: \_\_\_\_\_

## District of Choice (non-resident school district)

District of Choice Name: \_\_\_\_\_

District Number: \_\_\_\_\_

City: \_\_\_\_\_

Identify the reason for the request to enroll in a nonresident district:

\_\_\_\_\_

## Site or Program Preferences

If the non-resident school district has multiple sites/programs that serve your child's needs, you may rank sites/programs in order of preference (add more preferences if desired).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Enrollment Timeline

When are you seeking to enroll your child?

- ☐ Immediately
- ☐ Not immediately, but sometime during the current school year
- ☐ Next school year.

## Special Situations

Please check all that apply.

- ☐ Sibling preference: student has a sibling currently open-enrolled in this non-resident district.
- ☐ Employee child preference: Student has parent or legal guardian who is a Minnesota resident who is an employee of the non-resident district.

- ☐ Family move: The student's resident district changed after December 1 prior to the school year requested, waiving deadlines.
- ☐ Student is a resident of City of Edina but the resident school district for the student's Edina home is not Edina Public Schools. Student seeks enrollment in Edina Public Schools.
- ☐ Student is requesting a move into and/or a move out of a district that receives [Achievement and Integration Revenue](#), waiving deadlines. You can check here if you do not know the answer to this: ☐
- ☐ Student is currently expelled under Minnesota Statutes, section 121A.45 for a reason listed in [Minnesota Statutes, section 124D.03, Subdivision 1](#), which allows but does not require the non-resident district to deny the application.

## Parent/Legal Guardian Information

The student must live with at least one parent/guardian who lives in Minnesota.

### Minnesota Parent/Guardian 1

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

### Parent/Guardian 2:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

### Physical Signature of at Least One Parent/Guardian is Required

I hereby verify that the above information is true and correct to the best of my knowledge.

Signature of parent/legal guardian 1: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent/legal guardian 2 (optional): \_\_\_\_\_

Date: \_\_\_\_\_

### Submission Information

For priority consideration, please complete this application and send it to the Superintendent's Office in the [non-resident District](#) 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 office in the resident district immediately regarding Section 3 of this form** to determine whether the resident district and your district will agree to a **Non-resident Agreement** to serve the student prior to open enrollment becoming available.
- ☐ No, one or both districts receive Achievement and Integration funding from MDE.
- ☐ No, family moved to resident district on December 1 or later.
- ☐ No, the commissioner of education and commissioner of human rights have determined the resident district's policies, procedures or practices are in violation of Title IV of the Civil Rights Act ([Minn. Stat. §124D.03, subd.7](#)).

**Will the student have priority in a lottery?** ☐ No ☐ Yes, based on:

- ☐ Sibling of currently open-enrolled student in this district.
- ☐ MDE-approved Achievement and Integration with specific school choice plan involving the districts.
- ☐ Child of Minnesota resident who is a district employee.
- ☐ City of Edina resident whose resident school district is not Edina Public Schools, seeking entry to the district.

**Approval/Disapproval of Open Enrollment Application**

☐ **APPROVED**

☐ **APPROVED BUT WITH A NON-RESIDENT AGREEMENT** for upcoming year that is mutually agreed upon by both districts. Enrollment will continue in subsequent years as open enrollment provided that a lottery is not needed for the student's grade level in the first fall enrollment or the grade level has not been closed by board action. Students will be entered into lottery if one is held. (Non-resident district: keep documentation of the agreement. Districts may document agreement using Section 3 or another format of their choosing.)

**STUDENT ASSIGNMENT SITE/PROGRAM:** On the basis of information provided in the above application, and with respect to district policies and procedures, the above student will be assigned to:

**School Building Name:** \_\_\_\_\_

**Starting Date:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

☐ **NOT APPROVED**

The non-resident district has denied the request for open enrollment because of the following reason(s) allowed in Minnesota Statutes, section 124D.03. Reminder: ECSE open enrollment applications cannot be denied based on special education program capacity. Check all that apply:

☐ The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See Statewide Enrollment Options Instructions or Minnesota Statutes, section 124D.03, subdivision 3.

☐ Statutory enrollment cap has been reached for open enrollment. ([Minn. Stat. § 124D.03, subd.2](#))

☐ Grade is closed district-wide by board action. ([Minn. Stat. § 124D.03, subd. 2 and subd.6](#))

☐ District has denied the application because of specific expulsion reasons allowed in law. ([Minn. Stat. § 124D.03, subd.1](#))

**NOTIFICATION TO RESIDENT DISTRICT**

Non-resident district must notify resident district or last district of attendance by March 15 or 30 days later of the pupil's intent to enroll in the non-resident district. The same procedures apply to a pupil who applies to transfer from one participating non-resident district to another participating non-resident district.

**Name of Superintendent/Responsible Authority:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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



**White Bear Lake Area Schools**  
District #624  
**ENROLLMENT FORM 2020-2021**

**STUDENT INFORMATION**

Last Name (Legal)		First Name (Legal)		Middle Name (Legal)		Date of Birth (MM/DD/YYYY)	
Grade Enrolling Into		Gender ___ Male ___ Female		Home Language		Previously Attended White Bear Schools ___ Yes ___ No School Name: _____	

**RECENT SCHOOLS** - List all schools student has attended – most recent school first  
Include Pre School Attended and Pre School Screening location for Kindergarten Students

School Name	City & State	Grades	Type of School
			___ MN Public ___ Out of State Public ___ Non Public ___ Charter
			___ MN Public ___ Out of State Public ___ Non Public ___ Charter

**STUDENT HOME ADDRESS**

Student Lives with ___ Mother ___ Father ___ Both ___ Other _____	
Main Telephone # (____) _____ - _____	
ADDRESS	Street Address _____ Apartment # _____
	City _____ Zip Code _____

**FAMILY 1: PARENT / GUARDIAN INFORMATION**

Parent/Guardian #1		Parent/Guardian #2	
Name (First, MI, Last)			
Relationship to Student <i>Mom, Step-Dad, Aunt etc.</i>			
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address <i>If different than student</i>			
Home Telephone			
Cell Phone			
Work Phone			
Email			

OFFICE USE  
ONLY

Date Completed:

Enrollment Year: 2020-2021

Interpreter Needed: YES NO

**SIBLINGS** - List names of all students under the age of 21 living in the same household

Last Name	First Name	Middle Name	Gender	Birth Date (mm/dd/yyyy)	Grade	School
			Male Female			
			Male Female			
			Male Female			
			Male Female			
			Male Female			

**FAMILY 2: PARENT / GUARDIAN INFORMATION**

Parent/Guardian #1			Parent/Guardian #2		
Name (First, MI, Last)					
Relationship to Student					
Legal Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Street Address					
Home Telephone					
Cell Phone					
Work Phone					
Email					

**CUSTODIAL INFORMATION** -Please provide the information requested below:

Are there any restrictions legally placed upon-non-custodial parent’s rights to information about, or dealing with, the student named on this form?    ☐ YES    ☐ NO

If YES, a copy of the decree needs to be on file at the school. Please send it to the principal.

**EMERGENCY CONTACTS**

	Contact 1	Contact 2
Name (First, Last)		
Relationship to Student		
Home Telephone		
Cell Phone		
Work Phone		

**SPECIAL EDUCATION** - Is this student receiving Special Education Services (IEP)?

☐ Autism Spectrum Disorder

☐ Emotional / Behavior Disorder

☐ Speech / Language Impairments

☐ Development Cognitive Disability

☐ Other Health Disabilities

☐ Traumatic Brain Injury

☐ Developmental Delay

☐ Physically Impaired

☐ Visually Impaired

☐ Deaf / Hard of Hearing

☐ Specific Learning Disabilities

**GENERAL INFORMATION**

Does the student have a 504 accommodation plan?    ☐ Yes    ☐ No

Is the student currently enrolled in a Gifted & Talented Program?    ☐ Yes    ☐ No

Has the student ever received help learning English?    ☐ Yes    ☐ No

Does the family need an interpreter present at school conferences?    ☐ Yes    ☐ No    If Yes indicate Language \_\_\_\_\_

Has the student ever been expelled from a previous school?    ☐ Yes    ☐ No

I have been given the District Discipline Policy.    ☐ Yes    ☐ No

Signature of Parent / Guardian

Relationship to Student

Date



## Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

**Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.**

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

\* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

## 20 -2 Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations.

Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

*[You must select “yes” or “no” to this question.]*

☐ **Yes** *[If yes, go to Question A.]*

☐ **No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

*Go to Question 1.*

*[Select “yes” to at least one of the Questions (1-6) below.]*

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

☐ **Yes** *[If yes, go to Question 1a.]*

☐ **No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

*Go to Question 2.*

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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**Question 2. Is the student American Indian from South or Central America?**

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

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**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.<sup>1</sup>

☐ **Yes** [If yes, go to Question 3a.]

☐ **No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ Vietnamese

Go to Question 4.

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**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

☐ **Yes** [If yes, go to Question 4a.]

☐ **No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ Unknown

Go to Question 5.

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**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

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**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_



**White Bear Lake Area Public Schools**  
Independent School District 624

**Request for Student Records**

The following student has enrolled at White Bear Lake Area School District 624:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Anticipated Enrollment Date: \_\_\_\_\_

**Previous School Information:** Please complete in its entirety. Thank You.

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

- **Official School Records** (name, address, birth date and/or copy of birth certificate, sex, grade level, attendance records, class rank, standardized test results, etc.)
- **Special Education records** - including IEP/504 Plan or other assessments (Please fax ASAP)
- **Cumulative: State Assessment Results:** (e.g. MCA) and **District Standardized Assessment Results:** (e.g. MAP)
- **MARSS number/state ID number**
- **Legal Documents**
- **Pre-school screening records**
- **Discipline Records** including suspensions and expulsion paperwork
- **Health Records** - including Immunizations and Sports Physical
- **ELL/ESL Records** - including ACCESS scores and Home Language Survey

<u>Birch Lake Elementary</u> 1616 Birch Lake Ave WBL, MN 55110 651-653-2776 651-653-2778 - <b>FAX</b>	<u>Hugo Elementary</u> 14895 Francesca Ave. Hugo, MN 55038 651-653-2798 651-653-2800 - <b>FAX</b>	<u>Lakeaires Elementary</u> 3963 Van Dyke St. WBL, MN 55110 651-653-2809 651-653-2811 - <b>FAX</b>	<u>Lincoln Elementary</u> 1961 Sixth Street WBL, MN 55110 651-653-2820 651-653-2822 - <b>FAX</b>	<u>Oneka Elementary</u> 4888 Heritage Pkwy N. Hugo, MN 55038 651-288-1800 651-288-1899 - <b>FAX</b>
<u>Otter Lake Elementary</u> 1401 County Rd H2 WBL, MN 55110 651-653-2831 651-653-2833 - <b>FAX</b>	<u>Matoska International</u> 2530 Spruce Place WBL, MN 55110 651-653-2847 651-653-2849 - <b>FAX</b>	<u>Vadnais Heights Elementary</u> 3645 Centerville Rd Vadnais Heights, MN 55127 651-653-2858 651-653-2860 - <b>FAX</b>		<u>Willow Lane Elementary</u> 3375 Willow Ave. WBL, MN 55110 651-773-6170 651-773-6176 - <b>FAX</b>
<u>Central Middle School</u> 4857 Bloom Ave. WBL, MN 55110 651-653-2888 651-407-7632 - <b>FAX</b>	<u>Sunrise Middle School</u> 2399 Cedar Avenue WBL, MN 55110 651-653-2700 651-653-2716 - <b>FAX</b>	<u>WBLAHS-North Campus</u> 5045 Division Ave. WBL, MN 55110 651-653-2920 651-653-2630 - <b>FAX</b>	<u>WBLAHS-South Campus</u> 3551 McKnight Rd WBL, MN 55110 651-773-6200 651-773-6264 - <b>FAX</b>	<u>Area Learning Center</u> 2449 Orchard Lane WBL, MN 55110 651-773-6400 651-773-6402 - <b>FAX</b>
<u>Transition Education Center</u> 13497 Fenway Blvd. Circle N. Hugo, MN 55038 651-773-6051 651-773-6052 - <b>FAX</b>		<b>Please forward student information to the circled school above.</b> <b>Thank You for your cooperation.</b>		

WLBAS Centralized Enrollment Office \* Phone: 651-407-7674 \* Fax: 651-407-7502  
4855 Bloom Ave, White Bear Lake, MN 55110



## White Bear Lake Area Public Schools

Independent School District 624

WBLAS Nutrition Services

Bridget Lehn, MBA, RD Nutrition Services Coordinator

Dear Parent/Guardian:

White Bear Lake Area Schools provide healthy meal options each day. Breakfast is FREE for all kindergarten students and current year lunch costs only \$2.70 for elementary students and \$3.00 for secondary students. This meal includes whole grains, lean and vegetarian proteins, fruits, vegetables and milk. You can view the menu online at [isd624.nutrislice.com](http://isd624.nutrislice.com).

If you think you may qualify for free or reduced-price meals, applications for the 2020-2021 school year will be available online under "Departments>Nutrition Services" at [www.isd624.org](http://www.isd624.org) by mid July 2020. Paper applications will be available at your child's school in August or you may contact the Nutrition Services office to have one mailed to you. Only one application is required for all children in the household that will be attending White Bear Lake Area Schools.

If you have any questions about Meal Services or Applications, please contact the Nutrition Services Office at 651-407-7515.

Sincerely,

**Bridget Lehn**

**Nutrition Services Coordinator**

**This institution is an equal opportunity provider.**



## White Bear Lake Area Public Schools #624

Leading minds to learning, hearts to compassion and lives to community service.

### Foster Care Verification Form

Foster Care Liaison: 651-407-7559

The Every Student Succeeds Act of 2015 includes assurances that students living in foster care be enrolled in or remain at their school of origin (the school of attendance at the time they move to foster care), unless it is determined that it is not in their best interest to do so. Please complete the following form to determine if this law pertains to your current situation.

#### List all children or youth living in the situation above.

First	Middle	Last	School (if known)

<b>Enrolling Adult (check all that apply):</b> <input type="checkbox"/> Foster Parent <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	
Name(s):	
Phone(s):	Email Address:

<b>Child Status Information</b>	
Have parental rights been terminated? Yes ____ No ____ Name of Legal Guardian:	
Do you have legal documents or a placement letter from the county? Yes ____ No ____	

<b>County Contact Information</b>		
County Worker:	Division:	Phone:
Address:		Email:

<b>Foster Home Information</b>	
Foster Parent(s) Name(s) (If different from above):	
Address:	
Phone(s):	Email:
<input type="checkbox"/> Address is within District boundaries	
<input type="checkbox"/> Address is outside District boundaries	
<input type="checkbox"/> Address is outside attendance area	

Please continue to next page

***If parental rights are NOT terminated, complete the following information.***

<b>Primary Parent Information</b>	
Name(s):	
Address:	
Phone(s):	Email:

<b>Secondary Parent Information</b>	
Name(s):	
Address:	
Phone(s):	Email:

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<b>For Enrollment Center Use Only:</b>	
Documentation Provided: (Please check all that apply)  <input type="checkbox"/> County Placement Letter <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Legal Guradian Documentation	Distribution of Information: (Please check all that apply)  <input type="checkbox"/> Documents sent to information Services <input type="checkbox"/> Copy Sent to Foster Care Liaison <input type="checkbox"/> Copy Sent to School(s)

<b>For Foster Care Liaison Use Only:</b>	
<input type="checkbox"/> Transportation Request Submitted  <input type="checkbox"/> Transportation Route Assigned	Notes: