



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 Kindergarten

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

| 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 |

Has your child completed Early Childhood Screening? YES NO

If yes, Where? _____

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

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.

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.¹

[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/ 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.

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

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

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

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.¹

☐ **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.

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.¹

☐ **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.

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.¹

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

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.¹

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____



White Bear Lake Area Schools Kindergarten School Choice

STUDENT INFORMATION

| | | |
|--------------------------|--|-------------------------------|
| Last Name <i>(Legal)</i> | First Name, Middle Name <i>(Legal)</i> | Date of Birth (MM/DD/YYYY) |
| Parent/Guardian Names | | |

- | | | |
|--------------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> | Birch Lake Elementary | All-Day Kindergarten |
| <input type="checkbox"/> | Hugo Elementary | All-Day Kindergarten |
| <input type="checkbox"/> | Lakeaires Elementary | All-Day Kindergarten |
| <input type="checkbox"/> | Lincoln Elementary | All-Day Kindergarten |
| <input type="checkbox"/> | Matoska IB World School | All-Day Kindergarten |
| <input type="checkbox"/> | Otter Lake Elementary | All-Day Kindergarten |
| <input type="checkbox"/> | Vadnais Heights Elementary | All-Day Kindergarten |
| <input type="checkbox"/> | Willow Lane Elementary | All-Day Kindergarten |

Upon enrollment, resident students of White Bear Lake Schools are assigned to their attendance boundaries, which is based on their home address.

Parents requesting a school outside of their attendance boundaries *must* complete the **Intra-District Transfer form**.

If your school of choice is **NOT** in your attendance area, there is no guarantee that your student will be enrolled there.

If you have questions, please contact your elementary school principal or the District Enrollment Center at 651-407-7674, 4855 Bloom Ave, WBL.

Birch Lake Elementary

1616 Birch Lake Ave
White Bear Lake, MN 55110
Principal: Jonathan Luknic

Lincoln Elementary

1961 Sixth Street
White Bear Lake, MN 55110
Principal: Dan Schmidt

Otter Lake Elementary

1401 County Road H2
White Bear Lake, MN 55110
Principal: Cynthia Mueller

Hugo Elementary (Grades K-1)

*(*see Oneka Elementary for grades 2-5)*

14895 Francesca Avenue
Hugo, MN 55038
Principal: Brian Morris

Matoska IB World School

2530 Spruce Place
White Bear Lake, MN 55110
Principal: John Leininger

Vadnais Heights Elementary

3645 Centerville Road
Vadnais Heights, MN 55127
Principal: Sara Svir

Lakeaires Elementary

3963 Van Dyke Street
White Bear Lake, MN 55110
Principal: Cary Krusemark

Oneka Elementary (Grades 2-5)

*(*see Hugo Elementary for grades K-1)*

4888 Heritage Parkway North
Hugo, MN 55038
Principal: Lori Mosser

Willow Lane Elementary

3375 Willow Avenue
White Bear Lake, MN 55110
Principal: Chris Streiff Oji

Complete information is available at <http://www.isd624.org/kindergarten>

HAISQHIA! Yog xav tau tsev kawm ntawv cov ntawv txhais ua lus Hmoob, thov hu rau tus Hmoob Liaison rau (651) 407-7623.

ATENCIÓN: Si usted necesita hablar con una persona que hable Espanola, Por favor, llame al (651) 407-7625.



STUDENT INFORMATION

| | | |
|-------------------|----------------------------|-----------------------------|
| Last Name (Legal) | First Name (Legal) | Middle Name (Legal) |
| Grade | Date of Birth (MM/DD/YYYY) | Gender ___Male ___Female |

Health Issues and Other Information

List all current health concerns or conditions, medical diagnoses, and/or mental health diagnoses (please report all conditions annually):

Could any of these conditions result in an emergency? ___Yes ___No

If YES, please describe:

Has your child outgrown or no longer has a previous health condition or diagnosis? ___Yes ___No

If YES, please list:

Does your child require a special diet (gluten free, dairy free, etc.)? ___Yes ___No

If YES: Your child's doctor will need to complete the [Special Diet Statement to Request Dietary Accommodations](#) form if not already on file with the school district. The completed form can be turned into the health office of the school your child attends.

Would you like to be contacted by Nutrition Services for more information on ordering special meals or other menu accommodations? ___Yes ___No

Are there any restrictions to your child's activities? ___Yes ___No

If YES, please describe:

Does your child have health insurance? ___Yes ___No

If no, would you like assistance with applying for health insurance? ___Yes ___No

Please list any medications (prescription or over the counter) your child takes on a regular basis. Please complete the Authorization for Administration of Medication at School form if your child will be taking the medication during the school day.

Authorization for Administration of Medication at School form can be printed [here](#).

| Medication | Dosage | Time (a.m. or p.m.) | Reason |
|------------|--------|---------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Immunization information: <http://www.health.state.mn.us/divs/idepc/immunize/readykidswhento.pdf>

***Immunization records should be sent to the school prior to the first day of enrollment unless records were uploaded during the enrollment process.

Information provided may be shared with school staff that work with your child on a need to know basis.

Parent / Guardian Signature

Relationship to Student

Date