

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 Statefunded 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 Student's Parents or Guardians

Student Information

Student Last Name:	First:	Full Middle:
Date of Birth:	Gender:	
Will the student be at least age 5 and ur ☐ Yes ☐ No*	nder age 21 by September 1 of th	e enrollment year or be applying for ECSE?
*If No, please read information	in the Statewide Enrollmer	nt Options Instructions before proceeding.
Student's current grade level (If	applying for ECSE, write EC):	
Grade Level Desired:		
Student Resident District II	nformation_	
Resident District Name:		District #:
City:		
District of Choice (non-resid	lent school district)	
District of Choice Name: Eastern	n Carver County Schools	District #: 112
City:Chaska		
Identify the reason for the reque	st to enroll in a nonresident	district:

Site or Program Preferences

	strict has multiple sites/prog reference (add more prefere	•	hild's needs, you may rank	
1			_	
2			_	
			_	
Enrollment Timeline				
When are you seeking to enrol	your child?			
☐ Immediately ☐ Not i	mmediately, but sometime durir	ng the current school year	Next school year.	
Special Situations				
•	as a sibling currently open-enrol itudent has parent or legal guard			the non-
	esident district changed after Do	ecember 1 prior to the scl	hool year requested, waiving	
\square Student is a resident of City of Student seeks enrollment in Edi	f Edina but the resident school d na Public Schools.	istrict for the student's Ed	lina home is not Edina Public Sc	hools.
•	into and/or a move out of a dist f you do not know the answer to		ment and Integration Revenue	, waiving
, ,	under Minnesota Statutes, sect llows but does not require the n			ection_
Parent/Legal Guardian	<u>Information</u>			
The student must live with at le	east one parent/guardian who l	ives in Minnesota.		
Last Name:	Firs	st Name:	MI:	
Home Phone:	Work Phone:	Cell Phone	:	
Street Address:			<u> </u>	
City:	State:	ZIP:		
Physical Signature of Pa	rent/Guardian is Requi	red		
hereby verify that the above in	formation is true and correct to	the best of my knowledge	e.	
ignature of parent/legal guar	dian:	Date:		

Submission Information

Date Application Received:

For priority consideration, please complete this application and send it to the Superintendent's Office in the <u>non-resident</u> <u>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 <u>School District Non-resident Agreement for Inter-district</u> 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.

District Name: <u>Eastern Carver County Schools</u> District Number: <u>112</u>
District Contact Name: <u>Joan Thomes</u>
Title: Welcome Center Coordinator Phone: 952-556-6112
Email Address: welcomecenter@district112.org
Does the January 15 deadline apply?
\square 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 right shave 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:
\square 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: David Brecht
Name of Superintendent/Responsible Authority: <u>David Brecht</u>
Signature:
Date:
Please Note: districts may not modify this form, add data fields or create alternative formats.
□ Principal Approved □ Principal Denied □ Parent Denial Sent □ Sent Res District □ Acceptance Rec'd □ Reg Form Rec'd □ Entered I/C