

# Statewide Enrollment Options Application for State-funded Voluntary Pre-Kindergarten or School Readiness Plus

The Statewide Enrollment Options Application for State-funded Voluntary Pre-Kindergarten or School Readiness Plus is the required application for participating Minnesota school districts. Please use this application for 4-year-olds with or without an Individual Education Program (IEP) applying for voluntary pre-kindergarten or school readiness plus open enrollment. Please use the General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education 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 child's parents/guardians

# Child's Last Name: First: Full Middle: Birthdate (MM/DD/YYYY): Child's Resident School District Resident District Name: District Number: City: District of Choice (non-resident school district) District Number:

Child Information

Identify the reason for the request to enroll in a nonresident district:
Voluntary Pre-kindergarten
Are you seeking to enroll your child in state-funded voluntary pre-kindergarten, having verified with the non-resident district that your child meets eligibility requirements? $\square$ Yes $\square$ No
School Readiness Plus
Are you seeking to enroll your child in school readiness plus, having verified with the non-resident district that your child meets eligibility requirements? $\square$ Yes $\square$ No
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: child has a sibling currently open-enrolled in this non-resident district. ☐ Employee child preference: Child has parent or legal guardian who is a Minnesota resident who is an employee of the non-resident district.
□ Family move: The child's resident district changed after December 1 prior to the school year requested, waiving deadlines.
□Child is a resident of City of Edina but the resident school district for the child's Edina home is not Edina Public Schools. Child seeks enrollment in Edina Public Schools.
□Child is requesting a move into and/or a move out of a district that receives <u>Achievement and Integration</u> Revenue, waiving deadlines. You can check here if you do not know the answer to this: □

# **Parent/Legal Guardian Information**

The child 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:
Street Address:
City:
State:
ZIP:
Parent/Guardian 2:
Last Name:
First Name:
MI:
Home Phone:
Work Phone:
Cell Phone:
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):	
Signature of Parent/Legar Guardian 2 (optional)	
Date:	

### **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 through an Achievement and Integration School Choice Program If rejected, you must let families know the legal reason for denial.

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 r immediately regarding Section 3 of this form to determine whether the resident district agree to a Non-resident Agreement to serve the student prior to open enrollment becom ☐ 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 determine district's policies, procedures or practices are in violation of Title IV of the Civil Rights Act subd.7).	and your district will ning available. ed the resident
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 ☐ Child of Minnesota resident who is a district employee. ☐ City of Edina resident whose resident school district is not Edina Public Schools, seeking	
Approval/Disapproval of Open Enrollment Application	
☐ APPROVED ☐ APPROVED BUT WITH A NON-RESIDENT AGREEMENT for beginning year that is mutual both districts. Enrollment will continue in subsequent years as open enrollment with the	

voluntary pre-kindergarten or school readiness plus student's enrollment through a non-resident agreement who is entering kindergarten the subsequent year may be placed in an open enrollment kindergarten 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.)

On the basis of information provided in the above application, and with respect to district policies and

### STUDENT SITE/PROGRAM ASSIGNMENT

procedures, the above student will be assigned to:
School Building Name:
Starting Date:
VPK or School Readiness Plus:
□ 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. Check all that apply:
$\Box$ The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See Minnesota Statutes, section 124D.03, subdivision 3. Districts have not mutually agreed to a non-resident agreement.
□ Statutory enrollment cap has been reached for open enrollment or the enrollment cap for the requested voluntary pre-kindergarten or school readiness plus program has been reached. (Minn. Stat. § 124D.03, subd.2) □ The requested voluntary pre-kindergarten or school readiness plus program is closed district-wide by board action. (Minn. Stat. § 124D.03, subd. 2 and subd.6)
NOTIFICATION TO RESIDENT DISTRICT
Non-resident district must notify resident district or last district of attendance by March 15 or no later than 30 days after this decision. 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:

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