

Statewide Enrollment Options Form
Required form for all Minnesota school districts

SCHOOL DISTRICTS MAY NOT MODIFY THIS FORM, ADD DATA FIELDS OR CREATE ALTERNATIVE FORMATS.

Section 1: To be completed by the student's parent/guardian

PARENTS: email, mail or fax this form to the superintendent's office of the non-resident district where you would like your student to attend school. Do not mail to the Minnesota Department of Education. See the instructions on page 3 for important January 15 deadline information that may apply.

Parent/Guardian Information

Last Name: _____ First Name _____ MI: _____
 Phone: Home: (____) _____ Work: (____) _____ Cell: (____) _____
 Street Address: _____ City: _____ State: _____ ZIP: _____
 Resident District: _____ City: _____
 District of Choice (Non-Resident School District): _____
 District of Choice Fax Number: (____) _____

Student Information

Student Name: Last: _____ First: _____ Middle: _____
 Current Grade Level: _____ Grade Level Desired: _____ Desired Date of Enrollment: _____

Is this student currently expelled under Minnesota Statutes, section 121A.45 for a reason listed in Minnesota Statutes, section 124D.03, Subdivision 1? Yes No

Will the student be at least age 5 and under age 21 by September 1 of enrollment year?
 Yes No

When a spot is offered, districts will then request birthdate, records and other required registration information. If you answered NO to the statement, the student is not eligible for open enrollment unless the student fully meets the requirements for an exception to the age requirements listed in the instructions.

Yes, this student qualifies under the terms of the exceptions described on page 3 of this form.

Please rank the schools in the non-resident district in order of preference:

1: _____

2. _____
 3. _____

Reason for request (this does not affect your acceptance):

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

Signature of Parent/Guardian: _____ Date: _____

Section 2: To be completed by the Non-Resident District

Non-Resident District: Complete Section 2. Notify parents/guardians by February 15 (or no more than 30 days after receiving applications that come later) of approval or disapproval of application. Families must accept or decline the offer by March 1 or 15 days later. After receipt of commitment to attend, the non-resident district must notify the resident district by March 15 (or 60 days after initial receipt if form filed after January 15) of the student's intent to enroll. Report all rejected applications to the Minnesota Department of Education by July 15.

Date Application Received: _____
 District Name: Park Rapids Area Schools District Number: 309
 District Contact Name: Lance Bagstad Title: Superintendent
 Telephone Number: 218-237-6500

APPROVED

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. Check all that apply.

- The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See General Information and Instructions or Minnesota Statutes, section 124D.03, Subdivision 3.
- Statute enrollment has been reached. (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 expulsion reasons. (Minn. Stat. § 124D.03, Subd.1)

NON-RESIDENT DISTRICT SIGNATURE

Superintendent/Responsible Authority: _____ Date: _____