Minnesota Department of
Education

Statewide Enrollment Options Form

Required form for all Minnesota districts

PARENTS: Email, mail or fax this form to the superintendent's office of the non-resident district where you wish your student to attend. *Do not mail to the Minnesota Department of Education.* See General Information and Instructions for important January 15th deadline information that may apply.

Section 1: To be completed by the Student's Parent/Guardian			
Parent/Guardian Name (Last)	(First)	(MI)	Telephone Number Home: ( ) Work: ( )
Parent/Guardian Street Address: City: State: ZIP code:			
Resident District: City:	District of Choice (Non-Resident School District): District of Choice Fax Number: ( )		
Student Name (Last)	(First)	(Middle)	
Current Grade Level:	Grade Level Desired:	Desired Date of Enrollment:	
Is this student currently expelled under Minn. Stat. § 121A.45 for a reason listed in Minn. Stat. § 124D.03, Subd. 1? ☐ Yes ☐ No			

Age of Student	Please rank the schools in this non-resident district in order of preference:
Will the student be at least age 5 and under age 21 by September 1 of enrollment year? ☐ Yes ☐ No	1.
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.	2.
	3.
☐ Yes, this student qualifies under the terms of the exceptions described on page 3 of this form.	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 – Parent/Guardian _____ Date _____