



August 1, 2025

Dear Homeschool Parent,

Summer greetings from the Westonka School District! I hope this letter finds you healthy, happy and enjoying quality summer activities as a family.

Enclosed are important guidelines regarding homeschooling. We are required by law to provide you with this information and committed to assisting you in meeting these requirements. I want to assure you that any information the School District maintains regarding homeschooled students is treated as non-public (private) data.

As Superintendent, I want to express my deep respect for your decision to homeschool your child. At Westonka Public Schools, we recognize that families have diverse educational needs, and we're committed to supporting students in a variety of ways. If you're interested in exploring a partnership with us for the 2025–26 school year—even on a part-time basis—I would welcome the opportunity to connect. You can reach me directly at 952-491-8001 or via email at borgk@westonka.k12.mn.us.

Whether your child would benefit from academic courses or co-curricular opportunities such as band, choir, science labs, technology programs, world languages, athletics, drama, or speech, we offer a wide range of flexible options designed to enrich their learning experience. Westonka takes pride in offering educational excellence at every level. From gifted and talented programs in our elementary and middle schools to rigorous Honors and Advanced Placement courses in grades 8–12, our students consistently excel.

It's an honor to serve the Westonka community, and I invite you to reach out if you're interested in partnering with us to support your child's educational journey.

Wishing you all the best this year!

Sincerely,

Kevin Borg, Superintendent



August 2025

Welcome to homeschooling in the Westonka School District. The following information is important for homeschool administrators to know in order to meet all state and district requirements.

Every child between 7 and 17 years of age must receive instruction from a public school, a non-public school, a church or religious organization, or a home school as required by Minnesota Statute 120A.22 Subd.5. While we wish to assure you that the school board and the district have no interest or desire to control or interfere with the education of your child, we are required by law to determine your compliance with the compulsory attendance law (MN Statute 120A.26). Our goal is to share information and help you meet these requirements, especially if you are new(er) to homeschooling. You are receiving this letter because you have previously filed a Home School Full Report.

By **October 1, 2025**, please provide the following information:

1. A letter of Intent to Continue to Provide Instruction (required for children ages 7 to 16 Statute 120A.24)
2. Immunization record for each child, if not already on file.
3. The name of the annual test used to assess the student

A **Full Report** is only required the year you begin homeschooling in a school district. In subsequent years in the same school district you simply need to return a Letter of Intent to Continue to Provide Instruction, which mainly asks for any changes in your home school situation. If you are no longer homeschooling please inform us. Also, you are required to let us know if you have moved from District 277. If you choose to provide your e-mail address we will be happy to send you confirmation that your paperwork has been received by the district.

The current Minnesota Department of Education form is enclosed with this letter. You can also access a fillable PDF version of the form at <https://education.mn.gov/MDE/fam/nphs/>

The MDE website also has a topic “Home School Information for Parents”. Children turning 7 after Oct. 1 need not be reported as homeschooled until the next fall, but you may wish to report them if you plan to apply for state aid for non-public school children.

Immunization records are now only needed when you file your first full report and when your child reaches seventh-grade or age 12. You still have the right to opt out of immunizations with a notarized statement. If we have either your immunization records or your opt-out status on

file, and your child is not turning 12 or entering seventh grade, no immunization records are due.

Parents are required to keep records for their home school including curriculum, grades and test results, however you are not required to routinely report these to the school district. They would be needed if your child returns to public school full-time and could be requested by other governmental agencies and post-secondary schools. The following page summarizes state law on testing.

Requirements for Annual Nationally-Normed Achievement Testing

Report to the school superintendent the specific exam to be used, administration and location as required in Minn. Stat. § 120A.22. This law requires that the local superintendent and home school parent must *mutually agree* on the specific exam to be used, its administration and location. The Letter of Intent to Continue form provided in this packet lists some of the most commonly-used tests and the law requires you to report your test plans at the same time you submit your Letter of Intent to Continue. If you do not hear from us after you submit your Oct. 1 information, you can assume the school district accepts your testing choices. The planned nationally-normed achievement testing must actually occur during the year, or the home school is considered out of compliance with the Minnesota compulsory attendance law.

Annual Assessment Results May Require Further Testing

If annual testing (and any supplemental testing required to broaden subject content) indicate that the child's performance is at or below the 30th percentile, or one grade level below the performance level for students of the same age, additional evaluation is required to determine whether the student has learning problems. Exemption: Families are exempt from this additional testing if the instructor holds a valid Minnesota teaching license for that grade level or is directly supervised by a licensed Minnesota teacher in the field and grade level, or whose home school is accredited by a state recognized accrediting organization. (The MDE web site lists a number of state-recognized accrediting organizations.)

Regardless of Scores, Supplement the Annual Exam to Cover All Required Content Areas

To the extent that the chosen nationally-normed achievement exam does not cover all required subject areas, parents must supplement this annual test with additional assessment (these supplemental assessments may be given at home and need not be nationally normed). Minn. Stat. § 120A.22 lists required subject areas as follows:

- (1) basic communication skills including reading and writing, literature, and fine arts;
- (2) mathematics and science;
- (3) social studies including history, geography, and government; and
- (4) health and physical education.

Westonka Public Schools does not provide tests or testing proctors for homeschooled students.

One source for the annual test is the Minnesota Statewide Testing Program at the University of Minnesota, which will provide tests and scoring of results for homeschool families. You may visit the University's web site at <http://oms.umn.edu/mstp> or call Customer Service at (612) 626-1803 for an order form. For fall testing, the order form must be postmarked to the University before October 15, or for spring testing, before April 1. Tests and test scores will be sent directly to the homeschool.

Educational Aids for Nonpublic School Children

Nonpublic and home schools are eligible to apply for secular textbooks and/or standardized testing aid in the amount of \$132.98 per child for the 2025-26 school year. Nonpublic and home schools are also eligible to apply for health services in the amount of \$85.48 per pupil. For grades 7-12, guidance and counseling services are available in the amount of \$358.75 per pupil. These amounts are subject to change by the Minnesota Legislature.

	Half-day KDGN	Full-day KDGN	1-6	7-12
Textbooks and /or Testing		\$132.987	\$132.98	\$132.98
Health Services		\$85.48	\$85.48	\$85.48
Guidance/Counseling None	0	0	0	\$358.75

To apply for aid, please complete the enclosed Student Report for Aids to Nonpublic Students and return to Westonka Schools no later than October 1, 2025. (Don't be confused by the date on the form. That is our deadline to send the form to the State.) This form must be completed every year you plan to apply. **Receipts for reimbursement for the 2025-26 school year are due no later than June 15, 2026.**

Transfer of Credits

If you plan to transfer your home school credits to a high school, copies of the curriculum being taught, samples of student tests, and final grades are required at the time of enrollment. If a nonpublic school student, including a home schooled student, is planning to graduate from a public high school in Minnesota, all graduation-required state exams in place at that time must be passed prior to graduation, regardless of whether the student was attending a nonpublic school, including home school, during the year that the exam was administered to public school students. However state exams are typically not nationally-normed so they do not fulfill your annual testing requirement.

Additional Home School Information

Home school information can be obtained at the Dept. of Education's home school website at <https://education.mn.gov/MDE/fam/nphs/>. Questions may also be directed to the MN Department of Education, (651) 582-8471, 1500 Highway 36 West, Roseville, MN 55113-4266 or Emily Labuz, District 277 Enrollment Options Coordinator, at (952) 491-8007 or labuze@westonka.k12.mn.us.

Thank you for your cooperation.



Letter of Intent to Continue to Provide Instruction

Per [Minnesota Statutes, section 120A.24, subdivision 1\(b\)](#), the person or nonpublic school in charge of providing instruction to a child between the ages of seven and 16 through 17 for which an initial registration form was filed pursuant to this subdivision must submit, by October 1 of each school year, a letter of intent to continue to provide instruction under this section for all students under the person's or school's supervision and any changes to the child's name, birthday, address of the child and the annual tests intended to be administered.

Complete the information using this form or a written or electronic format of your choice. If you have moved, you must file a new [Initial Registration Form for Unaccredited Schools, Including Home-School](#). **Information in the Letter of Intent must be submitted to [the school district](#) by October 1 of each year after an initial registration form has been filed in the same district. Please do not mail the letter of intent to the Minnesota Department of Education.**

Date of Letter of Intent to Continue to Provide Instruction (mm/dd/yy): _____

Date Initial Registration Form was filed with this School District (mm/dd/yy): _____

Full Legal Name of Instructor (Last, First, Middle): _____

This letter indicates my intent to continue to provide instruction in the current school year.

I DO NOT have changes to the information provided in the initial registration form or communicated in a previous *Letter of Intent to Continue to Provide Instruction*.

I DO have changes to information provided in the full initial registration form, and have updated the information as follows:

I have added students or student contact information has changed. (*Update 'New Students or Updated Student Information' on page 2 and 'Proposed Testing Plan' on page 3. Attach immunization records or notarized conscientious objection statement.*)

The proposed annual nationally normed achievement-testing plan for one or more students has changed. (*Complete 'Proposed Testing Plan' on page 3.*)

Student is now in 7th grade and/or age 12. (*Provide student's name and date of birth below. Attach updated immunization records or notarized conscientious objection statement.*)

I have discontinued instructing student(s) previously reported. (*Update 'Student(s) No Longer Being Instructed' in the table below.*)

My primary instructor qualifications changed. (*Attach explanation and documentation as required in the initial registration form.*)

My primary or secondary instructor contact information changed. (*Update 'Instructor Contact Information' below.*)

We are no longer accredited by an agency recognized by the [Minnesota Nonpublic Education Council](#).

We are newly accredited by an agency recognized by the [Minnesota Nonpublic Education Council](#). (*Update 'Accrediting Agency Information' below.*)

New Student(s) or Updated Student Information

Student(s) Full Legal Name	Date of Birth (mm/dd/yy)	Address	Phone Number

Student(s) No Longer Instructed

Student(s) Full Legal Name	Date of Birth (mm/dd/yy)	Address	Phone Number

Instructor Contact Information

Instructor Role	Full Legal Name (Last, First, Middle)	Street Address	Phone Number (including area code)	Email Address
Primary Instructor				
Secondary Instructor (if applicable)				

Accrediting Agency Information

Name of Accrediting Agency, Address and Contact Information	Dates of Accreditation Term

Proposed Annual Nationally Normed Achievement Test, Assessment or Examination Plan

Instructors and superintendent must mutually agree on the proposed annual nationally normed achievement test(s), assesment(s) or examination plan, the administration and the location of the examination. MDE recommends families consider the Iowa Assessments, available through the University of Minnesota Statewide Testing Program, (612) 626-0006.

Nationally Normed Achievement Test	Student Name	How will the test be administered and who will be the administrator	Test Location	DISTRICT USE Superintendent AGREES to this plan for the student(s) in the years specified	DISTRICT USE Superintendent DOES NOT AGREE: Contact instructor immediately

Maintaining and Submitting Documentation and Scores

Per [Minnesota Statutes, section 120A.24, subdivision 2](#), the person or nonpublic school in charge of providing instruction to a child must maintain documentation indicating that the subjects required in section [120A.22, subdivision 9](#), are being taught and proof that the tests under section [120A.22, subdivision 11](#), have been administered. This documentation must include class schedules, copies of materials used for instruction, and descriptions of methods used to assess student achievement.

The parent of a child who enrolls full time in public school after having been enrolled in a nonpublic school that is not accredited by a state-recognized accrediting agency must provide the enrolling public school or school district with the child's scores on any tests administered to the child under section [120A.22, subdivision 11](#), and other education-related documents the enrolling school or district requires to determine where the child is placed in school and what course requirements apply. This paragraph does not apply to a shared time student who does not seek a public school diploma.

The person or nonpublic school in charge of providing instruction to a child must make the documentation in this subdivision available to the county attorney when a case is commenced under section [120A.26, subdivision 5](#); chapter 260C; or when diverted under chapter 260A.

Signature (electronic or physical signature)

Print or Type Name of Person Submitting this Letter: _____

Signature: _____

Date: _____

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____ Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<input type="text"/>	
Meningococcal (MCV4)				<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- ☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- ☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian’s beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me
on _____ (date)

by _____
(name of parent or guardian)

Notary Signature: _____

Notary Stamp

STATE OF MINNESOTA, COUNTY OF _____

3. Consent to share immunization information: This school is asking for permission to share your child’s immunization record with Minnesota’s immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child’s school to share my child’s immunization documentation with Minnesota’s immunization information system:

Signature: _____ Date: _____
(of parent/guardian)

General information and instructions: This form must be completed at the nonpublic school level and filed with the public school district offices coordinating the program by October 1, 2025. A copy is to be sent by the local public school district to the Minnesota Department of Education, Division of School Finance at the above address by October 15, 2025. **This form must be filled out completely to be considered valid.**

Nonpublic School Identification Information

Nonpublic School Name:		Nonpublic School Number:	
Public School District Number:		Address of Nonpublic School:	
City:		Zip Code:	
Name of Nonpublic School Principal:		Telephone Number:	
Email Address:		Name of Nonpublic School Contact Person (if other than above):	
Telephone Number:		Email Address:	
Location at which Student Request Forms are filed (if other than above):		Name of Program Administrator in Local Public School District:	
Telephone Number:		Email Address:	

Participation of Eligible Pupils

The numbers of students reported below are based on (check one): <input type="checkbox"/> Estimated Counts <input type="checkbox"/> Actual Counts	For each Program Element in which you wish to participate, provide the number of students, by student grade level, that are eligible to receive service. To be eligible, the students must be enrolled on or before September 15, and must request (in writing) the service desired. Weight each student count as indicated and enter totals for each Program Element. If there are no requests for a service, or if a service will not be offered, please indicate nonparticipation by checking the box provided.
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Program Element	Student Grade Level	Number of Students	Weighting Factor	Weighted Total of Eligible Students
Textbooks, Individualized Instructional Materials and Standardized Tests Non-participation The nonpublic school identified above does not wish to participate in this program element. <i>*All day/Every Day Only</i>	Part-time Kindergarten		X 0.5	
	Full-time Kindergarten*		x 1.0	
	1 – 6		X 1.0	
	7 - 12		X 1.0	
Total				
Health Services Non-participation The nonpublic school identified above does not wish to participate in this program element. <i>*All day/Every Day Only</i>	Part-time Kindergarten		X 0.5	
	Full-time Kindergarten*		X 1.0	
	1 - 6		X 1.0	
	7 - 12		X 1.0	
Total				

Guidance/Counseling (Number of Participants by Grade Level)	7	8	9	10	11	12	Total: 7 - 12
Non-Participation The nonpublic school identified above does not wish to participate in this program element.							

Certification

I hereby certify that the students reported above meet the conditions of eligibility as prescribed by Minnesota Statutes 2023, section 123B. – 123B.48 and that the above school is located within a public school district in which the public schools provide the services indicated to students of the same grade levels. All of the information provided above is true and correct to the best of my belief and knowledge.

Signature – Head of School/Responsibility

Date