Submit by October 15 to:

NONPUBLIC SCHOOL APPLICATION AND CERTIFICATION

Westonka Public Schools Attn: Student Accounting 5901 Sunnyfield Road E, Suite A Minnetrista, MN 55364 Fax: 952-491-8012 Email: hoogeveenk1@westonka.k12	5	For School Year													
APPLICA RE	ATION SIDEN										CE				
School Information					School Dates: Open Close										
Name of School	_				Hours: Start Dismiss										
						Dav	s، In ۹	Sessio	n		Holida	νς			
Contact Person		_				Day.	J. 111 S)C331C	,··· <u></u>	·	Tonida	y			
Address						Email Address									
City, State, ZIP		_				Pho	ne								
Grades Taught (Circle)	К	1	2	3	4	5	6	7	8	9	10	11	12	Total	
Total School Enrollment in															
Nonpublic School															
District Residents Enrolled in Nonpublic School															
District Residents Transported															
For Which You are Claiming															
Reimbursement															
The undersigned hereby certifies that such assistance in accordance with posuch transportation arrangements as as necessary for the resident school of	ovisioneces	ns of sary	M.S.	120 <i>A</i> sure a	4.22, com	subd. plete	4, an trip t	d tha o the	t the nonp	nonp oublic	ublic s	school ol and	l agree to file	s to make such report	
Signed:								Date	:						
School Administrator or Pri	ncipal								-				-		