EDEN PRAIRIE SCHOOLS

Shared Time Application

To be filled out and returned if your child(ren) intends to take classes or receive services from public schools.

Student Information:

_____ ___/__/___ _____

Last Name, First Name Birthdate Grade Level

_____

Address

Parent/ Caregiver:

_____ _____ _____

Last Name, First Name Relationship to Studnet Home Phone

Requested School Servicing Student:

_____

Requested Services/Classes:

_____

_____

_____

_____

Emergency Contact Information:

_____ _____ _____

Last Name, First Name Relationship to Student Home Phone