



2026-2027 Application for 4-Year-Old Prekindergarten

Birth date eligibility: Your child must be 4 years old on or before September 1, 2026.

Child's Last Name _____ First Name _____ Date of Birth ___/___/___

Registering Parent/Guardian _____ Phone Number (____) _____

All classes are M-F Please indicate your school preference by ranking them: 1=1st choice, 2=2nd choice, 3=3rd choice, etc.

Full-day Prekindergarten for 4s		Half-day Prekindergarten for 4s
Centennial Elementary _____ 8:10 a.m. - 2:40 p.m.	Richfield STEM School _____ 7:25 a.m. -1:55 p.m.	Central Education Center _____ 8:30-11 a.m. _____ 12:30-3 p.m.
Sheridan Hills Elementary _____ 8:10 - 2:40 a.m.	Richfield Dual Language School 90% Spanish, 10% English _____ 7:25 a.m. -1:55 p.m.	Central Spanish Enrichment: 50% Spanish, 50% English _____ 8:30-11 a.m. _____ 12:30-3 p.m.

Transportation

I would like transportation provided by the district: Yes No (if no, please skip to the next section)

Please transport my student to school from: Home Childcare

Address _____

Adult responsible for pick-up/drop-off _____ Phone (____) _____

Please transport my student after school to (if different than above): Home Childcare

Address: _____

Adult responsible for pick-up/drop-off _____ Phone (____) _____

By signing below, I understand and acknowledge each of the following:

- All early learning programs have fees. Publicly funded seats are available for those who qualify and complete the necessary application paperwork. See the back of this document for eligibility guidelines.
- Your child must be fully toilet-trained by the start of school unless a previously granted medical/developmental exemption applies.
- Priority is based on demonstrated need, transportation availability, and other family factors. Enrollment is not guaranteed.
- This application is not complete until all components are submitted.
- An Early Childhood Screening is required to participate in this program. To schedule an Early Childhood Screening, call 612-243-3048, email ecsreening@rpsmn.org, or schedule online at richfield.ce.eleyo.com.
- All school times are determined by a number of districtwide factors and are subject to change.
- Busing is available by request. Richfield Public School District and community boundaries apply.
- This program abides by the guidelines and procedures outlined in the Early Learning Parent Handbook. Program guidelines and procedures are subject to change.

Parent/Guardian Signature _____ Date _____

Apply online at richfield.ce.eleyo.com or return the completed application to the Central Education Center.
7145 Harriet Ave. S., Richfield, MN, 55423 | Phone: 612-243-3007 | Fax: 612-243-3067 | earlylearning@rpsmn.org

For office use only Date Received _____ Time Stamp _____

VPK Eligibility

Your child is eligible for free 4-year-old prekindergarten if your child is 4 years old on or before September 1, 2025, and meets any one of these criteria. You are not required to share this information, but it can help us determine eligibility. Please check any of the following that apply to you. This information is used solely to determine eligibility for free prekindergarten.

- | | |
|--|---|
| <input type="checkbox"/> Your family qualifies for educational benefits.
(Level 1 below, you must complete the district educational benefits application in July 2025). | <input type="checkbox"/> Your child is in foster care, kinship care or is in need of child protection services. |
| <input type="checkbox"/> Your child qualifies for English language learner services. | <input type="checkbox"/> One of your child's parents is a migrant or seasonal agricultural laborer. |
| <input type="checkbox"/> Your child is American Indian. | <input type="checkbox"/> One of your child's parents is incarcerated. |
| <input type="checkbox"/> Your family has experienced homelessness in the last 24 months. | <input type="checkbox"/> Your child has been referred to (or is eligible for) special education. |

Your child may also qualify:

- If, through their Early Childhood Screening, your child is identified as having a potential risk factor that may impact their learning. An Early Childhood Screening is required of all students.
 - Your child meets the criteria on a preschool assessment. This is an optional assessment that can be scheduled after March 2026.
- Check here to request this preschool assessment if you do not think you meet any of the other eligibility criteria listed above.

How many people in your household? Include all adults, children & infants _____

What is your annual household income? _____

If you do not meet any of the eligibility criteria, you can enroll in prekindergarten for a fee.

Use This Chart To Determine Your Tuition Level And Cost

Household Size	Level 1 (annual income)	Level 2 (annual income)	Level 3 (annual income)
2	\$0 - \$39,128	\$39,129 - \$50,760	\$50,761 +
3	\$0 - \$49,303	\$49,304 - \$63,960	\$63,961 +
4	\$0 - \$59,478	\$59,479 - \$77,160	\$77,161 +
5	\$0 - \$69,653	\$69,654 - \$90,360	\$90,361 +
6	\$0 - \$79,828	\$79,829 - \$103,560	\$103,561 +
Monthly Tuition Fee			
Half days (2.5 hours)	\$0	\$292.50	\$370
Full days (6.5 hours) Discounted Price for VPK-eligible students	\$0 <i>with early learning scholarship</i>	\$322.50	\$430
Full days (6.5 hours) Full Price	n/a*	\$600	\$800



School: _____

Student's

Legal Name: _____
(Last Name) (First Name) (Middle Name) (Enrolling Grade)

Birthdate ____/____/____ **Sex at Birth:** Male Female **Gender Identity (optional)** _____
Month Day Year

Student's Address: _____
(Number and Street Name) (Apt. #) (City) (State) (Zip)

It is required by the State of Minnesota that we ask this question. The responses help determine funding and resources for English Language Learners in our schools. We do not require documentation or share individual responses to this question.

Place of Birth: _____ If other than USA, what month/year did the student move to the USA? _____

Home Language: _____ **Military Active-Duty Parent?** Yes No **Is the Student Homeless?** Yes No

Previous Richfield Student? Yes No **Has the student ever attended school in Minnesota?** Yes No

Last School Attended: _____
(Name of School) (City) (State) (Zip)

Has the student been identified for any of the following services?

- 504 Plan English Language Learner Gifted and Talented Title I
- Special Education - Current IEP/IFSP? Yes No If yes, please check the following:
 - Emotional/Behavior (EBD) Specific Learning Disability (SLD)
 - Autism Spectrum Disorders (ASD) Other _____

For Kindergarten Only:

Has your child completed Early Childhood Screening? Yes No

If yes, where? _____

Attended a Pre-K program? Yes No

If yes, where? _____

Parent/Guardian (1): _____ Birthdate: _____
(Last Name) (First Name) (Middle Initial)

Email: _____ **Cell/Home Phone:** (____) _____ **Work Phone:** (____) _____ **Employer:** _____

Address (if different from above): _____ **Student resides with you?** Yes No

Relation to Student: _____	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Contact Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Educational Rights: <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Release Student to: <input type="checkbox"/> Yes <input type="checkbox"/> No	School Communication Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parent/Guardian (2): _____ Birthdate: _____
(Last Name) (First Name) (Middle Initial)

Email: _____ **Cell/Home Phone:** (____) _____ **Work Phone:** (____) _____ **Employer:** _____

Address (if different from above): _____ **Student resides with you?** Yes No

Relation to Student: _____	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Contact Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Educational Rights: <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Release Student to: <input type="checkbox"/> Yes <input type="checkbox"/> No	School Communication Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list other children living at this address other than those listed above (please use legal names):

Last Name	First Name	Middle Name	Birthdate Mo/Day/Yr	Relation to Parent/Guardian Listed	School (if applicable)	Grade

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for students. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 280. Certain information, known as "directory information", such as student's name, name of school attended, grade level, parent(s) name, address and telephone number may be available to military recruiters and the public unless the district receives a written request from a parent to withhold this information. The Richfield Public Schools policy on Protection of Privacy of Pupil Records is available at www.richfieldschools.org/policy581.

I CERTIFY THE ABOVE INFORMATION IS CORRECT.

Parent/Guardian Signature _____ **Date** _____

OFFICE USE ONLY:	Student ID Number:	Start Date:	School Number:	Last Locn Code:	Version 12/2025
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Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select “yes” or “no” to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select “yes” to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Print/Save



Health/Emergency Information

Student Name _____ Birthdate ____/____/_____
(Last, First, Middle)

My child has health concerns: No Yes (If yes please specify below)

My child takes medication: No Yes (If yes please specify below)

(Proceed to back side if no further information-sharing needed.)

<input type="checkbox"/> Allergies - Specify type(s) _____	<input type="checkbox"/> ADHD - Type ____ Inattentive Hyperactive ____ Combined	<input type="checkbox"/> Epilepsy/Seizures - Type _____
<input type="checkbox"/> Asthma - Type/Triggers _____	<input type="checkbox"/> Ear/Hearing Concern _____ hearing aid(s)/device _____	<input type="checkbox"/> Eye/Vision Concern _____ corrective lenses _____
<input type="checkbox"/> Diabetes ____Type 1 ____Type 2	<input type="checkbox"/> Food allergy - Specify _____	<input type="checkbox"/> Food intolerance - Specify _____

- ___ My child has a current Anaphylaxis Action Plan. ___ It is attached.
- ___ My child has a current Asthma action Plan ___ It is attached.
- ___ My child has a current Diabetes Medical Management Plan. ___ It is attached.
- ___ My child has a current Seizure Action Plan. ___ It is attached.

Additional comments on any health concerns indicated above or not listed above:

___ My child has long term activity restrictions. ___ A health care provider note is attached.

Procedure

___ My child will need the following procedure(s) done during the school day.

A Health Care Procedure Consent form is required for each procedure not indicated in the action plans listed above. A Health Care Procedure Consent form is available on the RPS Website: Families>Family Resources>Health Services.

Medication

___ My child takes the following medication(s) during the school day - medication(s)/reason(s): _____

___ My child takes the following medication(s) at home - (medication(s)/reason(s): _____

A Medication Administration Consent form will be needed for each medication. The form is available on the RPS Website under Families>Family Resources>Health Services. (A licensed prescriber may send medication consent in lieu of this form, as long as all the required information is included. Parent/guardian authorization is also required.)

___ My child has authorization from a licensed prescriber to self-carry and self-administer, if able, the following medication(s): _____

A Medication Administration Consent form will be needed for each medication.

___ My child is in **high school** and has my permission to self-carry/administer the following non-prescription pain reliever(s) in a manner consistent with the product label. _____

Note: *The District may revoke a student's privilege to possess and use nonprescription pain relievers if the district determines that the student is abusing the privilege. My child understands the use, intended action, and potential side effects of the medication(s).*

Parent/guardian signature serves as consent.

___ My child has had one or more immunizations in the past year. **(List or attach.)** _____

___ My child had this illness, injury, surgery, hospitalization in the past year: _____

In the event of illness or injury in which it is deemed a student is unable to continue the day in school, a parent/guardian/designated emergency person will be contacted. Students will not be sent home on their own without parent/guardian permission. If first responders' assistance is needed and it is determined that a student requires transport to a medical facility without delay, parent(s)/guardian(s) will be notified.

I understand that this information will be shared on a need-to-know/right-to-know basis with school personnel to protect the health and safety of my child.

If your child is diagnosed with a physical and/or mental health condition, your child may be eligible for a Section 504 Plan containing accommodations, modifications, or services. If you would like to meet or have a phone conference to discuss a potential 504 Plan for your child, contact your child's school.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name: _____	Relationship to student _____	
Phone 1 _____	Phone 2 _____	Phone 3 _____
Cell Home Work (Circle one)	Cell Home Work (Circle one)	Cell Home Work (Circle one)
E-mail _____		

Parent/Guardian Name: _____	Relationship to student _____	
Phone 1 _____	Phone 2 _____	Phone 3 _____
Cell Home Work (Circle one)	Cell Home Work (Circle one)	Cell Home Work (Circle one)
E-mail _____		

Emergency Contact Name 1: _____	Relationship to student _____	
Phone 1 _____	Phone 2 _____	Phone 3 _____
Cell Home Work (Circle one)	Cell Home Work (Circle one)	Cell Home Work (Circle one)

Emergency Contact Name 2: _____	Relationship to student _____	
Phone 1 _____	Phone 2 _____	Phone 3 _____
Cell Home Work (Circle one)	Cell Home Work (Circle one)	Cell Home Work (Circle one)

Box is for Administrator Use Only:
 Program Name: Richfied Public Schools
 Application Fiscal Year: _____
 How did the child meet income eligibility requirements? Free & Reduced Price Meals

Early Learning Scholarship – Pathway II Supplemental Application

Complete this form in ink. Information with an asterisk (*) is required to be filled out by the parent/guardian. If any required questions are left blank, the parent/guardian will need to correct the application.

Child Information

***Child's Legal Name:** _____ ***Date of Birth:** _____

First
Middle
Last
MM/DD/YYYY

Ethnicity (check one): Hispanic/Latino Not Hispanic/Latino

Race (check all that apply): American Indian or Alaskan Native Asian Black or African American
 Pacific Islander or Native Hawaiian White

If you are applying for more than one child, use the extra page at the end of the application.

Parent/Legal Guardian Information

The parent or legal guardian must complete this section.
Note: If any child is in foster care, please skip this section and complete the *Supplemental Foster Care Form* at the end of this application.

How did you hear about Early Learning Scholarships? *Check all that apply.*

- My program Friend/Family Another family in my program Area Administrator
- Community partner (i.e., library) Social media (Facebook, Twitter) Online research
- Parent Aware/Child Care Aware Tribal, County, or State service provider Flyer/advertisement
- Other: _____

What is the highest level of education you have completed? *Check one.*

- Less than high school High school or GED Some college or no degree College degree

What is your current employment status? *Check one.*

- Employed full-time (25 hours/week or more) Employed part-time (less than 25 hours/week)
- Unemployed, seeking employment Unemployed, not seeking employment

What language does your family speak most at home?

- English Hmong Somali Spanish Vietnamese
- Other: _____

Do you need an interpreter? Yes No

Agreement to Comply with Requirements

By signing this application, you are confirming that you have read, understand and agree to the Early Learning Scholarships Program requirements and the items listed below.

- The information on this application is true, and all household members' incomes are reported. If I purposely give false information, my child may lose the scholarship and I may need to reimburse the state for funds paid.
- **My 3- to 5-year-old** must complete an Early Childhood Screening within 90 calendar days of attending a selected program using a scholarship. If my child receives a scholarship between age 0 and 2, they must complete the screening within 90 days of their third birthday.
- My child will remain eligible to receive a scholarship through August 31 of the year he/she is age-eligible for kindergarten, or 5 years old on September 1, as long as state funding is available.
- I will notify the Pathway II program when my child stops attending the program where we are using a scholarship.
- I will notify the Pathway II program if I move or my contact information changes.
- Regular and consistent attendance is expected. Early Learning Scholarships cannot pay for more than 25 absent days, 10 planned closure days and 11 program holidays. Absent days over 25 will not be covered by scholarships and charges must be paid at my own expense.
- If the program is no longer participating in Parent Aware, I may not be able to continue to use the Early Learning Scholarship for that program.
- If I am a family child care provider participating in Parent Aware, I understand that I am not able to use my own child's Early Learning Scholarship at my licensed family child care.

Required Consent to Share Your Information

You must consent to all of the following statements to participate in the scholarship program.

- The Scholarship/Area Administrator may share my child's/children's name, address, date of birth and gender, and my name and address as listed on the application, as well as any scholarship amount my child is eligible for and the award date, with the program I choose. This is needed to ensure accuracy between the application and the information retained by the program.
- The Scholarship/Area Administrator may share my child's/children's name, address, date of birth and gender, and my name and address as listed on the application with: (1) my local school district, for purposes of assigning my child a unique Statewide Student Identification (SSID) number to be used by the Scholarship/Area Administrator, and (2) the Minnesota Department of Education (MDE) to identify my child and validate scholarship payments.
- The Minnesota Department of Education (MDE) may share information about me and my child's/children's eligibility for and use of scholarships with other governmental agencies and programs including, but not limited to: the Child Care Assistance Program (CCAP), county or Tribal social agency workers, MFIP, SNAP, Head Start, free and reduced-price lunch, and the Child and Adult Care Food Program. These agencies can also share information about me and my child's eligibility for and use of assistance with the Minnesota Department of Education. This information may be used to verify my family's income eligibility for scholarships and to monitor the use of scholarships and other public assistance programs. I understand that consent to share my information remains in effect for six months after my scholarship ends.
- Scholarship/Area Administrators may share information from this application with MDE including my name and address; demographic information; parent education; income information; my child's eligibility for and the amount of any Early Learning Scholarship; the program where I am using the scholarship; my child's SSID number; and whether or not I have complied with program requirements. This information is required to review eligibility, program implementation, and is necessary to comply with the state law authorizing the program.
- In order to verify screening has taken place, the Scholarship/Area Administrator has my permission to contact the school district office of the child to verify the screening location and date. My 3- to 5-year-old child's screening was completed at the location listed below:

Child One: _____ Location: _____ Date: _____

Child Two: _____ Location: _____ Date: _____

Child Three: _____ Location: _____ Date: _____

Note: *I do not have to consent to sharing my information, but if I choose not to, I understand my child/children will not be eligible to receive an Early Learning Scholarship. Information to be released does not include supporting documents attached to this application.*

Tennessen Warning from the Minnesota Department of Education

This notice applies to all information collected for the Early Learning Scholarships program. It explains what information we will collect and why we are collecting it.

What Information are we requesting?

We are requesting all information on the Early Learning Scholarship – Pathway II program application, some of which is considered private data under Minnesota law.

Why do we ask you for this Information?

Information on this application is required to apply for an Early Learning Scholarship. We will use the information collected here, and any additional related information, to determine eligibility for funding. This information is necessary to comply with the state law authorizing the program.

Am I required to provide this data?

There is no legal obligation for you to provide the data requested; however, without it, we cannot determine your child's eligibility and your child will not receive a scholarship.

Who else may see this information?

As described elsewhere in the application, with your required informed consent we will share your information with the program that you choose, your resident school district, and the Minnesota Department of Education. If you provide your optional consent, a third-party entity will make use of your information when evaluating the effectiveness of the scholarship program for the state. All of these entities, including the evaluator, are bound by Minnesota's data practices and privacy laws and will not share your private data except as described here and in the consent. The evaluator must not share your data with anyone except MDE. We may also give the data you have provided to the Legislative Auditor, the Minnesota Department of Human Services, and/or other agencies with the legal authority to access the information, or anyone authorized by a court order.

How else may this information be used?

We may use or release this information only as stated in this notice, unless you give us your written permission to release the information for another purpose or to another individual or entity. The information may be used for another purpose if the U.S. Congress or the Minnesota Legislature passes a law allowing or requiring other uses.

How long will my data be kept?

Your data will be kept for a minimum of seven years.

Optional Consent: Release Information and Participate in an Evaluation

Please initial to confirm that you have read, understand and agree to the following.

____ Scholarship/Area Administrator or MDE may share information from my application, my child's eligibility for and amount of any Early Learning Scholarship, and the program where I use my scholarship, with MDE-authorized program evaluators for purposes of analyzing how funds are spent, how families are informed about the program, the program's impact on child development or school readiness, the quality of early learning programs where scholarships are used, and other evaluations deemed relevant by MDE. No public report will include specific identifying information about any individual child.

Parent/Guardian Signature

By signing below, you agree and verify all of the following:

1. I verify that I am the parent or legal guardian, all information on this application is true, and the incomes of all adult household members are reported. I understand that if false information is given, my child/children may lose the scholarship and I may need to reimburse the state for funds already paid.
2. I agree to the program requirements described on the Agreement to Comply with Requirements page.
3. I agree to have my information and/or my child's information shared as described on the Required Consent to Share Your Information
4. I agree that I have read and understand the Tennessee Warning.

Signature of Parent or Legal Guardian

Signatures must be in ink, not in pencil.

*Parent/Guardian's Legal Name: _____

First

Middle

Last

*Signature: _____

*Date: _____

MM/DD/YYYY

Signature of Secondary Parent (optional, not required)

Parent/Guardian's Legal Name: _____

First

Middle

Last

Signature: _____

Date: _____

MM/DD/YYYY

Program Representative Signature

I acknowledge that the required information on this *Early Learning Scholarship – Pathway II Application* has been reviewed and approved as true for the purpose of awarding a Pathway II scholarship within our program. I also acknowledge that we have discussed the Early Learning Scholarship options and benefits with the family and that they have accepted the Pathway II scholarship from our program.

*Program Representative Name: _____

First

Last

*Signature: _____

*Date: _____

MM/DD/YYYY

*Pathway II Program Name: _____

*Program Start Date: _____

*Award Start Date: _____

*Award Amount: _____