GELITAANKA HORE EE 27-28
CODSIGA XANAANADA

Osseo Area Schools

1. WAALID/MASUUL

MAGACA SHARCIGA	Dambe	Koowaad	Email:	Taleefon Lambar

ARDAY

MAGACA SHARCIGA	Dambe	Koowaad	Dhexe	Taariikhda Dhalashada	Jinsiga ☐ Lab ☐ Dhedig

CINWAAN

Magaca Jidka iyo Lambarka Guriga (Apt./Unit#):	Magaalo:	Gobal:	Zip Code

WALAALAHA

MAGACA DAMBE	MAGACA HORE	FASAL	ISKUUL

SAXEEXA WAALIDKA/MASUULKA SHARCIGA AH

Waan buuxiyey iyo/ama waan ogolahay shuuradaha soo socda: ☐

- Waxaan ku soo lifaaqay maxsuulkii baaritaankii dhalaanka ee ilmahayga
- Waa in ilmahaygu ka baasaa labadaba, Kormeerka iyo Qiimaynta Awoodda Garashada, si uu u sii gudbo.
- Anaa mas'uul ka ah qabanqaabinta, ballan-samaynta, iyo bixinta kharashka qiimaynta garashada iyo kharashyada kale ee la xiriira.
- Dhamaan go'aanada u qalmidda ee degmooyinku waa kama dambays
- Qaadashada carruurta afar jirka ah waabku meel gaar inta lagu jiro saddexda bilood ee ugu horreeya.

Markaan hoos saxiixayo, waxaan caddeynayaa anoo raacaya sharciga Minnesota inaan ahay waalidka/mas'uulka sharciga ah ee leh awood uu wax ku qabto, dhammaan macluumaadka aan bixinayaana waa run waana dhammaystiran yahay.

SAXEE _____ TAARIIKH

XAFIISKA KELIYA	
ID GA ARDAYGA	
Action Code:	
Resident School:	
Attending School:	
Completed By:	
SAC:	
Other:	

Osseo Area Schools Enrollment Center
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Email enrollmentcenter@district279.org