

## Combined Early Childhood Statewide Enrollment Options and Non-Resident Agreement Form

Use **ONLY** for Early Childhood Special Education and **state-funded** voluntary pre-kindergarten.

### Section 1: To be completed by the student's parent/guardian

**PARENTS/GUARDIANS:** Email, mail or fax this form to the superintendent's office of the school district where you would like your student to attend school. **Do not** mail to the Minnesota Department of Education (MDE). Parent/Guardian must currently live in Minnesota to submit this form.

#### You should use this form only if:

- Your **child is not yet old enough to attend kindergarten; and**
- You are applying to enroll your child into a school district other than the one in which you live (a "non-resident" district) to receive early childhood special education or to participate in the district's Voluntary Pre-Kindergarten Program.

*If those criteria do not describe your situation, do not use this form. (For example, do not use this form for application to sliding-scale early childhood programs, tuition-based preschool or early childhood family education. For more information on those programs, please contact the school district that you would like your child to attend.)*

When are you seeking to enroll your child?

Immediately.

Not immediately, but sometime during the current school year.

Next school year.

Does your child have an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP), or has your child been determined eligible for early childhood special education services through an evaluation completed by your resident school district?      Yes      No

Are you seeking to enroll in state-funded voluntary pre-kindergarten?      Yes      No

Resident School District Name: \_\_\_\_\_ District #: \_\_\_\_\_

Resident District Superintendent Phone: \_\_\_\_\_ Resident District Supt. Fax: \_\_\_\_\_

Resident District Superintendent Email: \_\_\_\_\_

Non-resident School District Name: \_\_\_\_\_ District #: \_\_\_\_\_

Non-resident District Superintendent Phone: \_\_\_\_\_ Non-resident District Supt. Fax: \_\_\_\_\_

Non-resident District Superintendent Email: \_\_\_\_\_

If requested non-resident district has multiple sites that serve your child's needs, you may rank the sites within the same district here in order of preference: \_\_\_\_\_

#### Parent/Legal Guardian Information

Parent/Guardian 1

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address(es): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2

*Parent 2 contact same as Parent 1.*

*Child does not have two parents.*

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address(es): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Student Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Birthdate: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

**Does the January 15 deadline for following fall Statewide Enrollment Options apply to your child's situation?**

Yes, we are applying by January 15 for the following fall.

Yes, that is why we are requesting a Non-Resident Agreement to begin enrollment earlier and then be open-enrolled under the Statewide Enrollment Options Program for the following fall.

No, either our resident district, the non-resident district or both receive Achievement and Integration Funding, which waives deadlines.

No, we moved to our resident district after December 1 of the previous calendar year.

We don't know. Please contact us.

**Priority lotteries:** If a non-resident district has more applications than seats available at a grade level, it is required to hold an enrollment lottery. In such lotteries, certain students are given priority. Please check any that apply to your family.

Child has sibling currently open-enrolled in the non-resident district.

Parent is employed by the non-resident district.

Application relates to an MDE-approved Achievement and Integration Plan. We're unsure. Please contact us.

Parent/Guardian Signature	Name	Date
_____	_____	_____

**Section 2: To be completed by the Non-Resident district**

The student is approved under the Statewide Enrollment Options program to begin at our school district.

Start date: \_\_\_\_\_ Site: \_\_\_\_\_

The student is approved under a Non-Resident Agreement for the following time period:

Start date: \_\_\_\_\_ Site: \_\_\_\_\_

After that period, this form serves as application for Statewide Enrollment Options Program **effective with the following school year:** \_\_\_\_\_ (If student entering kindergarten, lotteries may apply.)

The student is not approved for state-funded Voluntary Pre-Kindergarten because it is closed by board action.

Non-Resident Dist. Administrator Name: \_\_\_\_\_ Title: \_\_\_\_\_

Non-Resident Dist. Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3: Completed by the Resident district *only when a Non-Resident Agreement is included***

The student is released from the resident district under a Non-Resident Agreement for the following time period. Start date: \_\_\_\_\_

This resident district understands that the student will remain enrolled at the non-resident district under the Statewide Enrollment Options Program **effective with the following school year:** \_\_\_\_\_

The student is not released as requested to the non-resident district for the current school year. However, the district understands this form will serve as the Enrollment Options request at the requested non-resident district **effective with the following school year:** \_\_\_\_\_

Resident Dist. Administrator Name: \_\_\_\_\_ Title: \_\_\_\_\_

Resident Dist. Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_