

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 502.4.1P Adopted December 1997 Revised June 2009

Title Application to Participate in the State Enrollment Options Program

	SCHOOL DISTRICT ENROLLMENT OPTIONS PROGRAM REQUIRED FORM FOR ALL MINNESOTA DISTRICTS	ED-01861-22
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**PARENTS: Complete sections 1 and 2 and send to: Student Information Supervisor
Independent School District 196
3455 153rd Street West
Rosemount, MN 55068**

SECTION 1: TO BE COMPLETED BY THE STUDENT'S PARENT OR GUARDIAN			
Parent/Guardian Name (Last, First, M.I.)		Telephone Numbers Home: () - Work: ()	
Parent/Guardian Address		City/State/Zip Code	
Resident District		City	
District of Choice (Non-Resident School District) Rosemount-Apple Valley-Eagan Public Schools		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate Mo. _____ Day _____ Year _____
Student Name (Last, First, M.I.)		Seeking enrollment in what grade?	Starting when?
Grade (as of application date)	Is this student currently expelled under Minn. Stat. § 121A.45 for a reason listed in Minn. Stat. § 124D.03, Subd. 1? <input type="checkbox"/> NO <input type="checkbox"/> YES.		
Reason for Request: (This does not affect your acceptance)		Family preferences regarding school(s) student wishes to attend in the nonresident district: 1. _____ 2. _____ 3. _____	

SECTION 2: PARENT/GUARDIAN VERIFICATION OF INFORMATION
<p>I hereby verify that the above information is true and correct to the best of my knowledge and belief.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Signature – Parent/Guardian</i> <i>Date</i></p>

Non-Resident District: Complete Section 3. The non-resident district must notify parents/guardians by **February 15** (or 30 days after receiving applications that come later) of approval or disapproval of application. Families must accept or decline the offer by **March 1** or 15 days later. After receipt of commitment to attend, the non-resident district must notify the resident district by **March 15** (or 60 days after initial receipt if form filed after January 15) of the student's intent to enroll. Districts report all rejected applications to the Minnesota Department of Education by **July 15**.

SECTION 3: TO BE COMPLETED BY THE NONRESIDENT DISTRICT			
Date of Application is Received	District Name Rosemount-Apple Valley-Eagan Public Schools	District Number 196	
Contact Person Kim Reis	Title Student Information Supervisor	Telephone Number (651) 423-7644	
<p><input type="checkbox"/> APPROVED</p> <p>On the basis of information provided in the above application, and with respect to district policies and procedures, the above student will be assigned for enrollment in:</p> <p style="text-align: center;">_____ on _____ at _____</p> <p style="text-align: center;"><i>School Building Name</i> <i>Starting Date</i> <i>Grade Level</i></p> <p><input type="checkbox"/> DISAPPROVED</p> <p>Nonresident District has denied your request for open enrollment because of the following reason(s) allowed in Minn. Stat. § 124D.03. Check all that apply.</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See "General Information and Instructions: School District Enrollment Options" or Minn. Stat. § 124D.03, Subd. 3. 2. <input type="checkbox"/> Statute enrollment has been reached; Minn. Stat. § 124D.03, Subd. 2. 3. <input type="checkbox"/> Grade is closed district-wide by board action; Minn. Stat. § 124D.03, Subd. 2. and Subd. 6. 4. <input type="checkbox"/> District has denied the application because of expulsion reasons; Minn. Stat. § 124D.03, Subd. 1. <p>NONRESIDENT DISTRICT SIGNATURE: _____</p> <p style="text-align: center;"><i>Superintendent / Responsible Authority</i> <i>Date</i></p>			