

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

Series Number 640.2.2P Adopted April 1999 Revised October 2021

Title **Application for Shared-Time Enrollment of Home School Students in Middle School or High School Curricular Courses**

Complete page 1 of this application and return it no less than one month prior to the first day of the course(s) requested: Director of Community Education,
15180 Canada Avenue, Rosemount, MN 55068.

GENERAL INFORMATION – print

<hr/>		<hr/>	
student name		date of birth	
<hr/>			
parent/guardian name(s)			
<hr/>			
<hr/>		<hr/>	
address		city/zip	
<hr/>			
<hr/>	<hr/>	<hr/>	<hr/>
home phone	cell phone	work phone	email address

District 196 school attendance area (if applicable) _____

I have read Administrative Regulation 640.2.2AR, Home School Shared Time Students in Middle School and High School Curricular Courses: ☐ Yes ☐ No

X

signature of parent or guardian (or student if 18 years of age or older)

date

DISTRICT 196 COURSE(S) REQUESTED

School Year: 20____ - ____ Grade _____

Course _____
For: ☐ 1 ☐ 2 ☐ 3 Trimester OR ☐ 1 ☐ 2 ☐ 3 ☐ 4 Quarter

Course _____
For: ☐ 1 ☐ 2 ☐ 3 Trimester OR ☐ 1 ☐ 2 ☐ 3 ☐ 4 Quarter

At middle school checked below:

- ☐ Black Hawk
- ☐ Dakota Hills
- ☐ Falcon Ridge
- ☐ Rosemount
- ☐ Scott Highlands
- ☐ Valley Middle School of STEM

At high school checked below:

- ☐ Apple Valley
- ☐ Eagan
- ☐ Eastview
- ☐ Rosemount

FOR DISTRICT USE ONLY

VERIFICATION

According to our records, or as verified by the resident district of a nonresident student, the student listed on page 1 is a home school student in compliance with the Minnesota Compulsory Instruction Law.

X

signature of Director of Community Education (resident students)
or Director of Secondary Education (non-resident students)

date

PRINCIPAL'S RECOMMENDATION

☐ Accept this application

☐ Do not accept this application

Conditions for acceptance (if any): _____

Reasons for rejecting application: _____

X

signature of Principal

date

DIRECTOR OF SECONDARY EDUCATION

- ☐ Preliminary approval of principal's recommendation
- ☐ Preliminary disapproval of principal's recommendation
- ☐ Space available – student permitted to enroll in the following school

Course(s) (specify): _____

at _____ Middle School/High School

X

signature of Director of Secondary Education

date

c: Home School
Middle School or High School Principal
Director of Community Education
Student Information Supervisor (if application is approved)