

(952)491-8309 davisj@westonka.k12.mn.us Fax: (952)-491-8303

To: _____

 (School last attended) _____ District # _____
Address: _____

Fax: _____
Phone: _____
Email address: _____

Grade: _____ **who enrolled in our school on (date):** _____

- **Transcripts (student records)**
- **Grades for the current or most recent school year**
- **Standardized test results**
- **Health records**
- **Psychological services report, if any**
- **Social worker involvement, if any**
- **Special education information and/or IEP**
- **Limited English proficiency help, if any**
- **Other information which may be helpful in admission or placement of this student.**

Thank you!

Date _____

Revised 11/02



Westonka Public Schools
Educational Service Center
5901 Sunnyfield Road East
Minnetrista, MN 55364
(952)491-8000

FOR SCHOOL OFFICE USE ONLY

Entry Date ____/____/____ School _____
Enrolling in Grade _____ Resident District _____
(K-4) Teacher Name _____
State Student ID _____

Registration Form

Please complete all information requested below and on the other side of this sheet

STUDENT INFORMATION

STUDENT'S **FULL** LEGAL NAME _____ GENDER ☐ M ☐ F
(First Name) (Middle Name) (Last Name)

DATE OF BIRTH ____/____/____ ENTERING GRADE (circle one) K 1 2 3 4 5 6 7 8 9 10 11 12 12+

PRIMARY ETHNICITY (mark only one box)

☐ 1 – American Indian ☐ 2 – Asian or Pacific Islander ☐ 3 – Hispanic ☐ 4 – Black, not of Hispanic Origin ☐ 5 – White, not of Hispanic Origin

Additional federal Race/Ethnicity categories are required. Mark the box YES or NO in part A below. More than one box may be marked in B.

PART A – Is the child Hispanic/Latino? (choose only one)

☐ NO, not Hispanic/Latino ☐ YES, Hispanic/Latino

PART B – What is the child's race? (choose one or more)

☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White

Which language did your child learn first? ☐ English ☐ Other (specify): _____

Which language is most often spoken in your home? ☐ English ☐ Other (specify): _____

Which language does your child usually speak? ☐ English ☐ Other (specify): _____

Last public or non-public school attended: _____
(Name of School) (City) (State) (Zip) (Phone)

Has student previously attended Westonka Public Schools? ☐ YES (If yes, when? _____) ☐ NO

FAMILY INFORMATION

STUDENT ADDRESS _____
(Number and Street Name) (Apt. No.) (City) (State) (Zip)

MAILING ADDRESS (if different from above) _____ PRIMARY PHONE (____) _____

Do you live in the Westonka school district? ☐ YES ☐ NO Date moved into District: ____/____/____ (If no, in which district do you live? _____)

WITH WHOM DOES THE STUDENT LIVE? (circle one) Father & Mother Father & Stepmother Mother & Stepfather Father only Mother only

Mother & Mother Father & Father Legal Guardian(s) Foster Parent(s) Grandparent(s) Other: _____

LEGAL GUARDIAN #1 (living in same dwelling as student)
(Primary contact for district announcements and mailings)

Name (First, MI, Last):

Gender: M F Date of Birth: ____/____/____

Relationship to Student:

Legal Parent / Guardian: ☐ YES ☐ NO

Work Phone: (____) Cell Phone: (____)

Email:

OTHER GUARDIAN / ADULT (living in same dwelling as student)

Name (First, MI, Last):

Gender: M F Date of Birth: ____/____/____

Relationship to Student:

Legal Parent / Guardian: ☐ YES ☐ NO

Work Phone: (____) Cell Phone: (____)

Email:

(PLEASE COMPLETE OTHER SIDE)

STUDENT NAME: _____

Daycare Name and Address (for District transportation to / from during the school year) _____

Has your child completed Early Childhood Screening? ☐ YES (If yes – where? _____ Year _____) ☐ NO

Is your child an immigrant? ☐ YES (If yes – what is the country of origin _____ Date arrived _____) ☐ NO

Is your child a migrant? ☐ YES (If yes – what is the country of origin _____ Date arrived _____) ☐ NO

Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work?

☐ YES (If yes – what is the country of origin _____ Date arrived _____) ☐ NO

Has your child received any of the following special services? (Check all that apply)

☐ Early Childhood Spec Ed ☐ Title 1 ☐ ALC (Alternative Learning) ☐ Special Education ☐ 504 Plan ☐ PSEO ☐ Gifted/Talented

☐ ELL-English Language Learner – Date first enrolled in ESL/ELL program in U.S. _____

OTHER PARENT NOT LIVING IN HOME

(If this parent is not to receive information on above student please attach the court order paperwork)

(First Name) (Middle Initial) (Last Name) Gender ☐ M ☐ F Date of Birth ____/____/____

Relationship to Student: _____

Address: _____
(Number and Street Name) (Apt. No.) (City) (State) (ZIP)

Phone: (Primary) _____ (Work) _____ (Cell) _____

Email: _____

OTHER HOUSEHOLD MEMBERS UNDER AGE 21

(Please use legal names, not nicknames)

First Name	M.I.	Last Name	Sex	Date of Birth MM/DD/YYYY	Child's relationship to Head(s) of Household	Name of the school the child attends	Child's Grade
			M F				
			M F				
			M F				
			M F				
			M F				

Minnesota Statutes and rules require the school district to keep accurate records and updated personal records for all pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 277. Certain information known as "directory information" is available to the public unless the district receives a written request from a parent.

In compliance with state and federal laws, it is the policy of the Westonka School District to make all educational, including vocational, course work available to all students without regard to race, color, creed, religion, national origin, sex, marital status, parental status, status with regard to public assistance, disability, sexual orientation or age.

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature _____ Date _____

Westonka District #277 Emergency Contact Information

All persons listed on this form have permission to have contact with your child.

Student Name:

Birth Date:

Parent 1:

Relationship:

Primary Phone:

Phone 2:

Type:

Phone 3: Type:

Address:

Email Address:

Parent 2:

Relationship:

Primary Phone:

Phone 2:

Type:

Phone 3: Type:

Address:

Email Address:

Parent 3:

Relationship:

Primary Phone:

Phone 2:

Type:

Phone 3: Type:

Address:

Email Address:

Child Lives with:

Which parent should be called first?

Information may be shared with Step-Parent? ☐ Yes ☐ No

PERSON WHO WILL CARE FOR YOUR ILL CHILD IN CASE PARENT CANNOT BE REACHED. MUST HAVE TWO EMERGENCY CONTACTS, TWO PHONE NUMBERS AND CANNOT BE PARENTS.

Name:

Phone:

Phone:

Name:

Phone:

Phone:

In case of EMERGENCY, our procedure is to contact the Parent/Guardian and call 911.

Clinic: _____

Dr. Contact Phone: _____

Critical Alert Information on Record:

Please check off the additional following conditions that affect your child:

☐ Seizure Disorder

☐ Asthma

☐ Bee Sting Allergy

☐ Diabetes

☐ ADHD

☐ Milk Allergy

☐ Food Allergy (Dr's note required.) List: _____

☐ Other. Explain: _____



5th Grade Registration Form

New student placement recommendations will be determined upon receipt of previous school records and/or placement testing in the fall. If you have questions about which course to select, please contact the GMS Guidance Counselor 952-491-8302 or your child's previous school for recommendations. Course details can be found at <http://westonka.k12.mn.us/grandview> under

Registration.

Student Name: _____

Required Classes

☒ Morning Meeting

☒ Social Studies 5

☒ Science/Health 5

Math (select 1)

☐ Small Group Math 5 (SPED students only)

☐ Supported Math 5 (Smaller class, slower pace)

☐ Mathematics 5

☐ Accelerated Math 5

Language Arts (select 1)

☐ Small Group LA 5 (SPED students only)

☐ Language Arts 5

☐ Advanced Language Arts 5

Specialist Classes

Quarter Classes *These meet every other day for 85 minutes for one quarter.*

☒ Tech 5

☒ Art

☒ PSS

And (select 1)

☐ STEM OR

☐ Advanced STEM 5 (select 1)

X Physical Education *These meet every other day for 40 minutes, all year.*

And (select 1)

☐ BAND

☐ CHOIR

Parent Signature: _____

Your signature above gives permission for enrollment in these courses, including classes designed for extra support. Some support classes are funded through Title I or ADSIS grant dollars.



6th Grade Registration Form

New student placement recommendations will be determined upon receipt of previous school records and/or placement testing in the fall. If you have questions about which course to select, please contact the GMS Guidance Counselor 952-491-8302 or your child's previous school for recommendations.

Course details can be found at <http://westonka.k12.mn.us/grandview> under Registration.

X Morning Meeting

X Science

X Social Studies

Language Arts (select 1)

☐ Small Group Language Arts 6 (SPED only)

☐ Co-Taught Language Arts 6

☐ Language Arts 6

☐ Advanced Language Arts 6

Math (select 1)

☐ Small Group Math (SPED only)

☐ Intervention Small Group Math 6

☐ Math 6

☐ Pre-Algebra

☐ ALG/GEO Self-Paced

Quarter Classes *Meet every other day for 85 minutes for one quarter.*

X Art

X STEM

☐ PSS & Tech OR ☐ Future Problem Solving

(FPS is a semester class replacing PSS and Tech and requires an application on the back)

Music & Physical Education *Meet every other day all year for 40 minutes*

Music (select 1)

☐ Choir

☐ Band

X Physical Education

Intervention and Support Classes These take the place of music/ PE or quarter classes. Students must qualify for these courses. Contact guidance counselor to see if your child qualifies if interested

☐ Guided Study/EXCEL *(Can be taken every other day in place of music or daily in place of quarter class.)*

Please indicate below your preferred scheduling option to accommodate these interventions.

☐ Every other day for 40 minutes (will eliminate music from his/her schedule).

☐ Everyday for 40 minutes (will eliminate PSS, Art and Computer).

Parent Signature: _____

Your signature above gives permission for enrollment in these courses, including classes designed for extra support. Some support classes are funded through Title I or ADSIS grant dollars.

Future Problem Solving Course Application

Turn in attached to registration form.

Log on to: <http://www.mnfpso.org> to learn more about the FPS program. In a letter to the teacher, please include the following:

- Why you want to be in this class
 - What you think you will learn from this class
 - What you think you will bring to the class (talents/skills/experiences etc.)
-



7th Grade Registration Form

New student placement recommendations will be determined upon receipt of previous school records and/or placement testing in the fall. If you have questions about which course to select, please contact the GMS Guidance Counselor 952-491-8302 or your child's previous school for recommendations.

Course details can be found at <http://westonka.k12.mn.us/grandview> under Registration.

Student:

Required Courses

☒ Morning Meeting

☒ Science

☒ US History

☒ Language Arts (select 1)

☐ Small Group Language Arts 7 (SPED only)

☐ Co-Taught Language Arts 7

☐ Language Arts 7

☐ Advanced Language Arts 7

☒ Math (select 1)

☐ Small Group Math 7 (SPED only)

☐ Pre-Algebra Part 1

☐ Pre-Algebra

☐ Algebra

☐ ALG/GEO Self-Paced

Quarter Classes *Meet every other day for 85 minutes for one quarter.*

☒ Post Secondary Skills

☐ Art or ☐ Advanced Art (Requires application on back)

☐ STEM & Tech or ☐ Future Cities (FC is a semester class replacing STEM and Tech and requires an application on the back)

Music & Physical Education *Meet every other day all year for 40 minutes*

Music (select 1)

☒ Physical Education

☐ Choir

☐ Band

☐ Music and Technology (Non-performing)

Intervention and Support Classes (These take the place of music/ PE or quarter classes. Students must qualify for these courses. Contact guidance counselor to see if your child qualifies if interested)

☐ Guided Study/EXCEL (Can be taken every other day in place of music or daily in place of quarter class.)

Please indicate below your preferred scheduling option to accommodate these interventions.

☐ Every other day for 40 minutes (will eliminate music from his/her schedule).

☐ Everyday for 40 minutes (will eliminate PSS, Art and Computer).

Parent Signature: _____

Your signature above gives permission for enrollment in these courses, including classes designed for extra support. Some support classes are funded through Title I or ADSIS grant dollars.

Advanced Art Application

Include a drawing that shows your best efforts in composition, contour line and color/value. (Your drawing does not have to be in color, but it must be shaded in pencil to show your knowledge of different values.) On the back of your drawing or attached to your drawing, please describe why you want to be in Advanced Art. Attach drawing to your registration form and turn in to your MM teacher. Application is due the same day as registration.

Future Cities Student Application

There are a limited number of seats available so not all students are guaranteed enrollment in the class. Students will be selected based on their essay as well as ratings by previous teachers on their work habits such as meeting deadlines, on-task behavior and ability to work in a group.

What is the Future Cities class all about?

The Future City Competition is a national, project-based learning experience where students in 6th, 7th, and 8th grade imagine, design, and build cities of the future! Students work as a team with an educator and engineer mentor to plan cities using SimCity™ software; research and write solutions to an engineering problem; build tabletop scale models with recycled materials; and present their ideas before judges at Regional Competitions in January. Regional winners represent their region at the National Finals in Washington, DC in February!

In 500 words or less, describe why you would like to be in this class and what skills you hope to learn by participating in the class. You can attach your essay or write it below. Thank you!

Statewide Enrollment Options Form

Required form for all Minnesota school districts

Section 1: To be completed by one or both of the student's parents or guardians

PARENTS: email, mail or fax this form to the superintendent's office of the non-resident district where you would like your students to attend school. Complete one form per child per district to which you are applying. Do not mail to the Minnesota Department of Education (MDE). See separate instructions for Important January 15 deadline information that may apply. Parents must currently live in Minnesota to submit this form.

Student Information

Student Name: Last First: Full Middle:

Will the student be at least age 5 and under age 21 by September 1 of the enrollment year?

☐ Yes ☐ No. If no, do not use this form unless the nonresident district has already qualified your student for early entrance to kindergarten. A separate enrollment options form is available for early childhood special education and open enrollment into voluntary pre-kindergarten programs.

Student's resident school district name:

District #: City:

District of choice (non-resident school district) name:

District #: City: Mail, fax or e-mail contact:

Student's current grade level: Grade Level Desired: Desired Start Date:

Please rank the schools in the non-resident district that serve the desired grade level, in order of preference:

1. 2. 3.

Special Situations

☐ Sibling preference: student has a sibling currently open-enrolled in this non-resident district.

☐ Employee child preference: Student has parent or legal guardian who is a Minnesota resident who is an employee of the non-resident district.

☐ Family move: The student's resident district changed after December 1 prior to the school year requested, waiving deadlines.

☐ Student is currently expelled under Minnesota Statutes, section 121A.45 for a reason listed in Minnesota Statutes, section 124D.03, Subdivision 1, which allows but does not require the nonresident district to deny the application.

☐ Student is a resident of City of Edina but the resident school district for the student's Edina home is not Edina Public Schools. Student seeks enrollment in Edina Public Schools.

☐ Student is requesting a move into and/or a move out of a district that receives Achievement and Integration Revenue, waiving deadlines. You can check here if you do not know the answer to this: ☐

Parent/legal guardian information

The student must live with at least one parent/guardian who lives in Minnesota.

Minnesota parent/guardian 1

Last Name:	First Name:	Mi:
Home Phone:	Work Phone:	Cell Phone:
Street Address:		
City:	State: MN	ZIP:

Parent/guardian 2:

Last Name:	First Name:	Mi:
Home Phone:	Work Phone:	Cell Phone:
Street Address:		
City:	State:	ZIP:

☐ Student does not have two parents/guardians.

Physical signature of at least one parent/guardian is required

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Signature of parent/legal guardian 1: _____ Date: _____

Signature of parent/legal guardian 2 (optional): _____ Date: _____

IMPORTANT NOTE: Do not disclose additional information to the non-resident district until a seat is offered in writing, at which time districts will request birthdate, records and other information such as special needs.

Section 2: To be completed by the non-resident district

Non-resident district: Notify parents/guardians in writing by February 15 (or no more than 90 days after receiving applications that come later through an Achievement and Integration School Choice Program) of approval or disapproval of application. If rejected, you must let families know legal reason for denial.

Families must accept or decline the offer by March 1 or 45 days later. After receiving the commitment to attend, the non-resident district must notify the resident district by March 15 (or 30 days after initial receipt if form filed after January 15) of the student's Intent to enroll. Report all counts of rejected applications and reasons to the Minnesota Department of Education by July 15.

Date Application Received:

District Name: District Number: District Contact Name: Title:

Phone:

Does the January 15 deadline apply? ☐ Yes ☐ No, because:

☐ One or both districts receive Achievement and Integration funding from MDE.

☐ Family moved to resident district on December 1 or later.

Will the student have priority in a lottery? ☐ No ☐ Yes, this applicant has priority based on the following:

☐ Sibling of currently open-enrolled student in this district.

☐ MDE-approved Achievement and Integration school choice plan.

☐ Child of Minnesota resident who is a district employee.

☐ City of Edina resident whose resident school district is not Edina Public Schools, seeking entry to the district.

☐ **APPROVED**

☐ **APPROVED BUT WITH A NONRESIDENT AGREEMENT** for upcoming year that is mutually agreed upon by both districts. Enrollment will continue in subsequent years as open enrollment. (Nonresident district: keep documentation of the agreement.)

On the basis of information provided in the above application, and with respect to district policies and procedures, the above student will be assigned to:

School Building Name:

Starting Date:

Grade Level:

☐ **NOT APPROVED**

The non-resident district has denied the request for open enrollment because of the following reason(s) allowed in Minnesota Statutes, section 124D.03. Check all that apply.

- ☐ The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See Statewide Enrollment Options Instructions or Minnesota Statutes, section 124D.03, subdivision 3.
- ☐ Statutory enrollment cap has been reached. (Minn. Stat. § 124D.03, subd. 2)
- ☐ Grade is closed district-wide by board action. (Minn. Stat. § 124D.03, subd. 2 and subd. 6)
- ☐ District has denied the application because of specific expulsion reasons allowed in law. (Minn. Stat. § 124D.03, subd. 1)

NON-RESIDENT DISTRICT SIGNATURE:

Name of Superintendent/Responsible Authority Date:

NOTIFICATION TO RESIDENT DISTRICT

Non-resident district must notify resident district or last district of attendance. The nonresident district must notify the resident district by March 15 or 30 days later of the pupil's intent to enroll in the nonresident district. The same procedures apply to a pupil who applies to transfer from one participating nonresident district to another participating nonresident district

DISTRICTS MAY NOT MODIFY THIS FORM, ADD DATA FIELDS OR CREATE ALTERNATIVE FORMATS

Statewide Enrollment Options Instructions

GENERAL INFORMATION AND INSTRUCTIONS: Kindergarten through 12th-grade students (including 12th grade transition services) may apply to attend a public school outside of their resident district (Minn. Stat. § 124D.03) as long as the parent or legal guardian is currently living in Minnesota and the student is requesting to attend a regular Minnesota public school district. This Enrollment Options Program is not for inter-state transfers, Minnesota charter schools, or enrollment into a Minnesota alternative school for at-risk students. Use one application form per student per requested district. Complete and sign Section 1 of the Statewide Enrollment Options Form and send to the non-resident district's superintendent's office. Please do not send the form to the Minnesota Department of Education.

General age requirements are ages 5-21 (without high school diploma). Age 5 is by September 1 of enrollment year. Only use this form for early entrance to kindergarten if you have already received approval from the nonresident district to an early enrollment for your child. **A separate Enrollment Options Form is available for families seeking to enroll their child in an Early Childhood Special Education program or state-funded voluntary pre-kindergarten.**

Deadline. Applications must be sent to the non-resident district by January 15 in order to enroll in the following school year, unless:

- One or both districts has a Minnesota Department of Education Achievement and Integration plan, in which case there is no deadline and enrollment may begin at any time after notification of acceptance. (Minn. Stat. § 124D.03, subd. 4);
- OR, the student moved into the resident district on or later than December 1. (Minn. Stat. § 124D.03, subd. 7);
- OR, other unusual situations apply under Minnesota Statutes, section 124D.03, subdivision 7.

Acceptance or denial of open enrollment cannot be based on previous academic achievement, athletic or other extracurricular ability, disabling conditions, proficiency in the English language, previous disciplinary proceedings or the student's district of residence unless the resident district and non-resident district are working together in an MDE- approved Achievement and Integration School Choice Program. (Minn. Stat. § 124D.03, subd. 6.) or the enrollment involves city of Edina residents whose resident district is not Edina Public Schools.

Families may indicate their preferences for school sites or programs within the district; if unavailable, districts will offer options in the family's stated order of preference at other sites unless the grade level or open enrollment has been closed by board action. Families may apply in more than one district. Use one form per child per district.

Do not disclose specific special needs of students on the Statewide Enrollment Options Form; provide this information after an enrollment spot is offered.

Currently expelled students: Non-resident districts may, but are not required to, reject applications from students currently expelled as defined in Minnesota Statutes, section 121A.45, and Minnesota Statutes, section 124D.03, subdivision 1.

Notice of decision on the application: You can expect to receive an approval or disapproval from the non-resident district by February 15, or, when applying through the waived deadlines for Achievement and Integration districts, 90 days after applying for the current or upcoming school year. (Do not apply for statewide enrollment options further in advance than for the upcoming school year.)

Lotteries: School districts that have more applications than they can accommodate must hold lotteries to determine which students will receive spots. Before a general lottery, a priority lottery must be held for siblings of currently open-enrolled students, students who are part of a Minnesota Department of Education approved Achievement and Integration plan, children of district employees who are Minnesota residents, and students who live in the City of Edina but whose resident school district is not Edina Public Schools and seek attendance there. Statewide Enrollment Options lottery procedures must be approved by local school board and posted on the school district website.

If the non-resident district notifies you that your application has been accepted:

Notify the non-resident district as to whether you are accepting the offer of enrollment by March 1, or, if you applied under a no-deadline situation, 45 days after notification. The non-resident district must notify the resident district that your student is changing enrollment by March 15 (or 30 days after notice from you that you are accepting the enrollment if the January 15 deadline did not apply). **Visit the non-resident district office at least 10 days before the above starting date to complete all enrollment forms.**

Parents or guardians of students with special needs: please contact the district about creating an Individualized Education Program (IEP) team as soon as possible after accepting an offer of enrollment in a non-resident district.

Transportation: The school district will give you information regarding transportation if you request it from a bus stop in that district. (Minn. Stat. § 123B.88, subd. 6; Minn. Stat. § 124D.03, subd. 8)

Obligation to attend at least one year. By accepting an enrollment options offer, your student is obligated to attend the non-resident district during the upcoming school year. You do not need to reapply in subsequent years for your student to remain enrolled unless you move out of your current district. If you move into another Minnesota non-resident school district, the student does not lose the seat but you do need to submit an updated Enrollment Options Form. Note: You do need to apply again for siblings but the siblings must be given a preference if open enrollments requests exceed available seats.

Notify your resident district if you seek to return: To return to your resident district after one year in the new district, notify your resident district that you are returning by January 15 for the following fall.

If your application was denied, districts:

- (1) Must indicate the provision in state law that applied.
- (2) Must report denied applications to the Minnesota Department of Education by July 15.
- (3) May inform you that your application was rejected because you missed the January 15 deadline. In this case, you can ask your resident district to form a non-resident agreement with the non-resident district for the upcoming year and such an agreement may be able to roll into a regular open enrollment for subsequent years. Districts are not required to enter into nonresident agreements.