

**Fax: (952)-491-8303**

**Phone:**

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

## Revised 11/02



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

# K-12 Registration Form

## FOR SCHOOL OFFICE USE ONLY

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

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

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's 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: \_\_\_\_\_

Please check off the 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: \_\_\_\_\_

Allergies \_\_\_\_\_

I hereby authorize District 277 to provide emergency care for my child as stated.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Statewide Enrollment Options Form

*Required form for all Minnesota school districts*

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

**PARENTS:** email, mail or fax this form to the superintendent's office of the non-resident district where you would like your student to attend school. **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.

#### Parent/Legal Guardian Information

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

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Resident District: \_\_\_\_\_

District #: \_\_\_\_\_ City: \_\_\_\_\_

District of Choice (Non-Resident School District): \_\_\_\_\_

District #: \_\_\_\_\_ City: \_\_\_\_\_

District of Choice Fax Number: (\_\_\_\_) \_\_\_\_\_

#### Student Information

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

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

☐ Yes

☐ No. If no, the student must meet the age exceptions listed in the instructions (page 3). If the exceptions don't apply, do not use this form. Contact the district to explore other options.

Current Grade Level: \_\_\_\_\_ Grade Level Desired: \_\_\_\_\_ Desired Date of Enrollment: \_\_\_\_\_

Please rank the schools in the non-resident district in order of preference:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Special Situations.** See instructions (page 3).

☐ **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.

☐ **Early Childhood Special Education** (birth to age 5). Does this child ideally need early childhood special education services to start immediately?

☐ Yes.

☐ No.

(Note to families: If the January 15 deadline applies, request a Non-resident Agreement to begin services for your child before this form takes effect.)

- ☐ **Family move:** The student's resident district changed after December 1 prior to the school year requested, waiving deadlines.
- ☐ **Early kindergarten enrollment request** (child not age 5 by September 1).
- ☐ **Student is currently expelled** under Minnesota Statutes, section 121A.45 for a reason listed in Minnesota Statutes, section 124D.03, Subdivision 1.

***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.***

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

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Non-resident district:** Notify parents/guardians 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. 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 rejected applications to the Minnesota Department of Education by July 15. **Please expedite applications for families seeking Early Childhood Special Education services (ECSE may not be closed).**

Date Application Received: \_\_\_\_\_

District Name: \_\_\_\_\_ District Number: \_\_\_\_\_

District Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Does the January 15 deadline apply?** ☐ Yes ☐ No: ☐ One or both districts receive AI 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.  
☐ MDE-approved Achievement and Integration school choice plan.  
☐ Child of Minnesota resident who is a district employee.

### ☐ **APPROVED**

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**

Superintendent/Responsible Authority: \_\_\_\_\_ Date: \_\_\_\_\_

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

*Contact MDE for a translated version of this form.*

**PARENTS/LEGAL GUARDIANS MUST PHYSICALLY SIGN THE FORM.**

**Statewide Enrollment Options Instructions**

**GENERAL INFORMATION AND INSTRUCTIONS:** Kindergarten through 12<sup>th</sup> grade students (including 12<sup>th</sup> grade transition services) as well as pre-kindergarten children in very specific circumstances 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 MDE.**

**General age requirements are ages 5-21 (without high school diploma) by September 1 of enrollment year:**

**AGE EXCEPTIONS:**

- **Early Childhood Special Education.** The student is under age 5 and has been identified through a formal assessment process in the resident district as needing an individual education plan (IEP) for early childhood special education. Under Grade Level, write NA (not applicable). The IEP does not need to have been developed. Under Special Situations, check early childhood special education.
- **Early Kindergarten Entrance.** The student has met all requirements of the non-resident district for consideration for early entrance to kindergarten such as a September or October birth date, assessment testing and a trial period of enrollment **and** the non-resident district has agreed to consider an open enrollment for the child for early entrance to kindergarten. Do not submit this form in this situation without first working with the non-resident district to determine eligibility. Under Grade Level, write K. Under Special Situations, check early K entrance request.

**Deadlines and exceptions to deadlines:**

**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.).

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 acceptance of 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.) MDE asks school districts to process requests for students who have newly moved or children in need of early childhood special education as soon as possible without delays. School districts who have more applications than they can accommodate must hold lotteries to determine which students will receive spots. 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, and children of district employees who are Minnesota residents. 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 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 this enrollment, 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, you will not lose your seat but 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.

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, ask your resident district to form a non-resident agreement with the non-resident district for the upcoming year--both districts must agree. However, you will need to apply again next year through the regular open enrollment process and meet the January 15 deadline. That way, your student's enrollment is not subject to year-to-year mutual agreements between districts. (Minn. Stat. § 124D.03, Subd.6).