



## General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education

The *General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education* is the required application for all Minnesota school districts. Please use this application for inter-district K-12 open enrollment and inter-district enrollment in Early Childhood Special Education (ECSE). Please use the *Statewide Enrollment Options Application for State-funded Voluntary Pre-Kindergarten and School Readiness Plus* for voluntary pre-kindergarten or school readiness plus open enrollment.

**IMPORTANT NOTE:** Do not disclose other information to the non-resident district until a seat is offered in writing. At that point, the district will request information such as special needs, birth date, race, ethnicity, academic and other records.

### Section 1: To be Completed by One or Both of the Student's Parents or Legal Guardians

#### Student Information

Student Last Name: \_\_\_\_\_

First: \_\_\_\_\_

Full Middle: \_\_\_\_\_

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

☐ Yes ☐ No\*

**\*If No, please read information in the [Statewide Enrollment Options Instructions](#) before proceeding.**

Student's current grade level (If applying for ECSE, write EC): \_\_\_\_\_

Grade Level Desired: \_\_\_\_\_

#### Student Resident District Information

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

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

City: \_\_\_\_\_

## District of Choice (non-resident school district)

District of Choice Name: Hutchinson Public Schools

District Number: 0423

City: Hutchinson

Identify the reason for the request to enroll in a nonresident district:

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## School Site or Program Preferences

If the non-resident school district has multiple school sites/programs that serve your child's needs, you may rank sites/programs in order of preference (add more preferences if desired).

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

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

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

## Enrollment Timeline

When are you seeking to enroll your child?

- ☐ Immediately
- ☐ Not immediately, but sometime during the current school year
- ☐ Next school year.

## Special Situations

Please check all that apply.

- ☐ 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 Minnesota resident district changed after December 1 prior to the school year requested, waiving deadlines.
- ☐ 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:
- ☐ Student is currently expelled under [Minnesota Statutes 2022, section 121A.45](#) for a reason listed in [Minnesota Statutes 2012, section 124D.03, Subdivision 1](#), which allows but does not require the non-resident district to deny the application.

## 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Parent/Guardian 2:

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Physical or Electronic Signature of at Least One Parent/Legal Guardian is Required

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

Signature of parent/legal guardian 1: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent/legal guardian 2 (optional): \_\_\_\_\_

Date: \_\_\_\_\_

## Submission Information

For priority consideration, please complete this application and send it to the Superintendent's Office in the [non-resident District](#) by **January 15** before the first fall enrollment. Please do not send this application to the Minnesota Department of Education. Use one application per student per requested district.

Applications received by the non-resident district after the January 15 deadline may qualify for exceptions to deadline or, if not, districts may voluntarily agree to allow enrollment through a voluntary [School District Non-resident Agreement for Inter-district Enrollment](#).

## Section 2: To be Completed by the Non-resident District

**Non-resident District:** Notify parents/guardians of application approval or disapproval 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. If rejected, you must let families know legal reason for denial. Reminder: ECSE open enrollment applications cannot be denied solely due to lack of capacity to provide special education services. (See [Minn. Stat. section 124D.03, subd. 6 \[2022\]](#)).

**Please expedite any requests for open enrollment into Early Childhood Special Education Services.**

Families must accept or decline the offer by **March 1 or 10 business days after notification that their application has been approved**. 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. Districts must report all counts of rejected applications and reasons to the Minnesota Department of Education by July 15 or each year.

**Date Application Submitted:** \_\_\_\_\_

**District Name:** Hutchinson Public Schools **District Number:** 0423

**District Contact Name:** Jennifer Lickfelt

**Title:** MARSS Coordinator

**Phone:** (320) 587-2860 **Email Address:** jennifer.lickfelt@isd423.org

**Does the January 15 deadline apply?**

- ☐ Yes, the deadline applies and it was met.
- ☐ Yes, but it was not met. **If this is the case, contact the superintendent's office in the resident district immediately regarding Section 3 of this form** to determine whether the resident district and your district will agree to a **Non-resident Agreement** to serve the student prior to open enrollment becoming available.
- ☐ No, one or both districts receive Achievement and Integration funding from MDE.
- ☐ No, family moved to resident district on December 1 or later.
- ☐ No, the commissioner of education and commissioner of human rights have determined the resident district's policies, procedures or practices are in violation of Title IV of the Civil Rights Act ([Minn. Stat. section 124D.03, subd. 7 \[2022\]](#)).

**Will the student have priority in a lottery?** ☐ No ☐ Yes, based on:

- ☐ Sibling of currently open-enrolled student in this district.
- ☐ MDE-approved Achievement and Integration with specific school choice plan involving the districts.
- ☐ 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.

## Approval/Disapproval of Open Enrollment Application

- ☐ **APPROVED**
- ☐ **APPROVED BUT WITH A NON-RESIDENT AGREEMENT** for upcoming year that is mutually agreed upon by both districts. Enrollment will continue in subsequent years as open enrollment provided that a lottery is not needed for the student's grade level in the first fall enrollment or the grade level has not been closed by board action.

- ☐ Students will be entered into lottery if one is held. (Non-resident district: keep documentation of the agreement. Districts may document agreement using Section 3 or another format of their choosing.)

**STUDENT'S ASSIGNED SCHOOL SITE/PROGRAM:** 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 2022, section 124D.03](#). Reminder: ECSE open enrollment applications cannot be denied based on special education program capacity. 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 2022, section 124D.03](#), subdivision 3.

☐ Statutory enrollment cap has been reached for open enrollment. ([Minn. Stat. 2022 section 124D.03, subd. 2](#))

☐ Grade is closed district-wide by board action. ([Minn. Stat. 2022 section 124D.03, subd. 2 and subd. 6](#))

☐ District has denied the application because of specific expulsion reasons allowed in law. (<https://www.revisor.mn.gov/statutes/2012/cite/124D.03>)

#### **NOTIFICATION TO RESIDENT DISTRICT**

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

**Name of Superintendent/Responsible Authority:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Note:** districts may not modify this form, add data fields or create alternative formats.