



ENROLLMENT PACKET AND CHECKLIST

Welcome!

The Spring Lake Park School District strives to be a World Class Learning Community of Choice. It is both personal in size and exceptional in opportunity. We look forward to hearing from you, having you visit our schools, and serving your family in the Spring Lake Park Schools.

The following forms are needed to complete your registration. The checklist is provided to assist you in making sure all of the forms are signed and to gather all the information that is needed.

Enclosed forms to complete:

- Student Registration Form
- Home Language Form
- Medical Health History Form
- Transportation Form
- Consent to Release Private Data
- Free and Reduced Lunch Form (mailed to families in August)

Records to submit:

- Immunization Records (blank form enclosed for convenience)
- IEP/504 Information/Records
- Transcripts
- Proof of Residency (see explanation below)

Additional forms and records for Kindergartners only

- Early Childhood Screening
- Birth Certificate (original required, do not mail, copy will be made at District Office)

Our school will make every attempt to contact the previous school(s) to request necessary records. To expedite, the process, you can either bring in copies or request the records to be faxed to us at:

***For Grades K-8 763-784-7838 (fax)**

***For Spring Lake Park High School 763-785-5584 (fax)**

***For Learning Alternatives Community School 763-795-5105 (fax)**

Proof of residency can be any of the following: (rental/lease agreement, mortgage document, utility bill for water, electric, gas or telephone that indicates that the billing is in the parent/guardian's name and is being sent to the house; and

1. If the parent or legal guardian cannot provide documentation of legal residence because the parent/legal guardian is living with a relative/friend, a notarized statement by the relative/friend can be accepted by the school with the following stipulation:
2. Notarized statement must state that the parent/legal guardian and child are living with the relative/friend;
3. Notarized statement must state the name of relative/friend that is on the relative/friend's proof of legal residence;
4. Notarized statement must state the same address of relative/friend that is on the relative/friend's proof of legal residence;
5. A copy of the relative/friend's proof of legal residence must be attached to the notarized statement; and
6. Notarized statement must be signed by same name of relative/friend that is on the relative/friend's proof of legal residence.



FREQUENTLY ASKED QUESTIONS AND FORM DESCRIPTIONS

FORMS:

- Student Registration Form..... This form is used to gather general demographic information, emergency contact information and federal and state required race and ethnicity categories.
- Home Language Survey This form is required by the state of Minnesota for all students. It also helps to identify students that may need extra help in the area of language.
- Immunization Record..... Children enrolled in a Minnesota school are required by state statute to be immunized against certain diseases, allowing for specified exceptions. This form is designed to provide the school information required by law. A print out from your doctor is an acceptable substitution for this form.
- Health and Medical Exam Form ... This is a form that we ask families to take to their primary care doctor for completion. This form is helpful to the school's health care specialist in order to provide improved medical services to students and is kept confidential.
- Medical Health History Form This form is helpful to the school's health care specialist in order to provide improved medical services to students and is kept confidential.
- Daycare/Transportation Form..... This form is used to allow our transportation department to set up effective and efficient school bus routes while maintaining student safety.
- Consent to Release This form allows Spring Lake Park to contact a student's former schools to obtain necessary records.
- Early Childhood Screening This form is used to identify, at an early stage, possible learning or health concerns so that children can get needed help before starting school. It is only necessary for incoming Kindergartners.

FREQUENTLY ASKED QUESTIONS (FAQS):

1. **When is the first day of school?** Generally speaking, the first day of school is the day after Labor Day. There are special situations for kindergartners and students new to the district. Please contact the main office of your child's school for exact start dates.
2. **When can my child start school?** Children can start kindergarten if they turn five years of age on or before September 1 of the current school year.
3. **What time does school start and end?** As each school may have different start and end times, please check the district website or call your child's school.
4. **Where is the bus going to pick up and drop off my child?** Bus information is mailed to families beginning in mid-August.
5. **We have been receiving free or reduced lunches, does that carry over from year to year?** Families are asked to complete a new form each school year. This information is mailed to families beginning in mid-August.
6. **When will I know if my child will be in AM or PM Kindergarten?** Families will receive a mailing later in the summer with this information.



District Use

Received Date: _____

Student Person ID# _____

Start Date: _____

Start Status: _____ Site: _____

STUDENT REGISTRATION FORM

Last Name (legal)	First Name (legal)	Middle Name (legal)	Birthdate	Gender	Grade
Address	Apt #	City	State	Zip Code	
Home Phone Number	Social Security (optional)			Date	

<p>Additional Federal Race/Ethnicity categories are required beginning in 2009. Mark the YES or NO in Part A below. More than one box may be marked in Part B.</p> <p>Part A - Is the child Hispanic/Latino? (choose only one)</p> <p><input type="checkbox"/> NO, not Hispanic / Latino</p> <p><input type="checkbox"/> YES, Hispanic / Latino</p> <p>Part B - What is the child's race? (choose at least one)</p> <p><input type="checkbox"/> American Indian / Alaskan Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> Native Hawaiian / Pacific Islander</p> <p><input type="checkbox"/> Black / African American</p> <p><input type="checkbox"/> White</p>	<p><u>Student above is receiving:</u> (check all that apply)</p> <p><input type="checkbox"/> Special Education (active IEP) <input type="checkbox"/> 504 Services</p> <p><input type="checkbox"/> ESL-English as 2nd Language <input type="checkbox"/> Early Childhood</p> <p>Please specify primary language: _____</p> <p><input type="checkbox"/> Student above is a ward of the county or state</p> <p><input type="checkbox"/> Student above is homeless</p> <p><input type="checkbox"/> Student above is a teen parent</p> <p><input type="checkbox"/> Student above has participated in gifted/ programs in the past</p> <p><input type="checkbox"/> Have you moved to our district within the past 36 months for temporary or seasonal agricultural or fishing work?</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name all the schools your child has attended (City & State): _____

Parent/Guardian #1 – Last Name	First Name	Middle Name	Birthdate	Gender	Relationship to student	
Email:			Work #:		Cell #:	
Parent/Guardian #2 - Last Name	First Name	Middle Name	Birthdate	Gender	Relationship to student	
Email:			Work #:		Cell #:	
List others living in household (including 0-5 year old)						
Last Name	First Name	Middle Name	Birthdate	Gender	Grade	Relationship to student

Student lives with: Father Mother Foster Parents Stepfather Stepmother Grandparent Other:

Parent/Guardian #2 address if different from above					
Name	Address	Apt #	City	State	Zip Code
Emergency contact residing outside of the home					
Name				Relationship to student	
Home #		Work #		Cell #	

X _____

Parent/Legal Guardian Signature **Date**

Note: If child does not live with both parents, please notify the school office and provide legal documentation if there is a custody issue (Rev. 8/03/10)

By signing here, you agree to all terms and conditions and acknowledge that all forms in this enrollment packet are complete and correct.

Please Respond in English



English
Home Language Survey

HOME LANGUAGE SURVEY

Date _____ School _____ Grade _____

Child's Name: _____
First Name Middle Name Last Name

Parent or Guardian's Name: _____
First Name Middle Name Last Name

Address: _____
Street Apt City State Zip

Phone Number: _____
Home Work

1. Child's date of birth: _____ (Month/Date/Year)

Was your child born in the United States? Yes No

If yes, in which state? _____

If no, in what other country? _____

If no, date child entered the United States: _____ (Month/Date/Year)

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No

If yes, please provide school names(s), state, and dates attended:

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

3. What is the language most frequently spoken at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if you child is

Native American Indian

Alaska Native

Native Pacific Islander

Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. In what country did your child most recently reside? _____

8. Which language did your child learn when he/she first began to talk? _____

9. What language does your child most frequently speak at home? _____

10. What language do you most frequently speak to your child: (Father) _____

(Mother) _____

11. Please describe the language understood by your child. (Check only one)

Understands only the home language and no English.

Understands mostly the home language and some English

Understands the home language and English equally.

Understands mostly English and some of the home language.

Understands only English.

FOR OFFICE USE ONLY

Student ID#	Date Distributed	Date Received	



MEDICAL HEALTH HISTORY FORM

Last Name

First Name

Middle Name

Grade

The following information is helpful for the Health Care Specialist to provide improved medical services to the students of the Spring Lake Park School District. The health information provided will be confidentially shared with staff to assist in educational planning. It will be kept on file in your child's health record.

Indicate which of the following your child has had or has at present. Check each condition.

- | | | |
|---------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Cancer | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Hearing Concerns | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Bowel / Bladder Concerns | <input type="checkbox"/> Hyperactivity/Attention Deficit Disorder | <input type="checkbox"/> Vision Concerns |

Please explain all checked conditions: _____

List all medications your child is currently taking: _____

Has your child had a severe reaction requiring emergency medical attention? Please explain: _____

Please indicate any other significant past history and/or illnesses (e.g. surgeries, hospitalizations): _____

Does your child have physical limitations that would affect your child's performance in his/her physical education class?

Yes ___ No ___

If yes please provide medical documentation.

I understand the information that I have given is correct to the best of my knowledge and it is my responsibility to inform the Health Care Specialist of any changes in my child's medical status.

Reviewed by: _____

School RN

Date



TRANSPORTATION FORM

Dear Parents/Guardians of new enrollment students:

Welcome to Spring Lake Park Public Schools. In order to improve transportation service to all students, we are trying to identify students who will and will not use school bus transportation for the coming school year. We are asking all parents/guardians to complete the form below and return it to our offices along with your other enrollment information. Your response will allow us to arrange the safest and most efficient bus routes for those who ride.

If you waive transportation services at this time, by stating your child will NEVER ride the bus, but your situation changes; you may re-establish busing at any time by contacting transportation. Please be aware there may be a delay of 2-5 business days before transportation is available depending on where you live. During this time, it is the parent's responsibility to transport.

If any of the information you submit on this form changes before the new school year begins, it is required that each student have all applicable forms and information submitted to the Transportation Department before August 1st of each year. This allows routes to be established and practiced prior to the first day of school. Postcards with bus route information will be mailed to your home in late August. If you have any further questions, please contact us at (763) 785-5512.

Sincerely,

Spring Lake Park Schools Transportation Department
 transportation@district16.org

Basic Information		<input type="text" value="Student Last Name"/>	<input type="text" value="Student First Name"/>	<input type="text" value="Grade"/>	
	Students' Home Address	<input type="text" value="(House #, Street Name, Apt #)"/>			
	City	<input type="text"/>	State	<input type="text"/>	Zip
	County	<input type="text"/>			
	Mailing Address <small>(if different from home)</small>	<input type="text" value="(House #, Street Name, Apt #)"/>		Home Phone	
		<input type="text"/>			

Day care Information	Will your student ride to or from a day care provider or alternate location other than their home address?			
	<input type="radio"/> Yes <input type="radio"/> No If yes, please provide us with the contact information and address for this location.			
	Daycare Provider/Alternate's Name	<input type="text"/>		
	Address/City/St/Zip	<input type="text"/>		
	Provider/Alternate's Phone Numbers	<input type="text"/>		

Transportation	Please tell us your busing plans: Students are limited to 1 pickup address and 1 drop off address. This address must be the same for everyday of the week, but can be different for morning and afternoon.			
	To School: <small>(choose only one)</small>	<input type="radio"/> will ride bus from home <input type="radio"/> will NEVER ride bus to school	From School: <small>(choose only one)</small>	<input type="radio"/> will ride bus to home <input type="radio"/> will NEVER ride from school
		<input type="radio"/> will ride bus from daycare/alt.		<input type="radio"/> will ride bus to daycare/alt.
If the student is shared between split family households, please submit this form for each parent/guardian address.				

Pupil Immunization Record

Student Name _____ Birthdate _____ Student Number _____

FOR SCHOOL USE ONLY
 Complete; booster required in _____
 In process; 8 mos. expires _____
 Medical exemption for _____
 Conscientious objection for _____
 Parental/guardian consent _____

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption (see back for exemption information).

Parent: Enter the MONTH, DAY, and YEAR for all vaccines your child received. DO NOT USE (✓) or (x). Vaccines/doses in shaded boxes are recommended but not required by law.

School Personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of Vaccine	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Diphtheria, Tetanus, and Pertussis (DTap, DTP)					
Diphtheria and Tetanus (DT) • for 6-year-olds and younger					
Tetanus and Diphtheria (Tdap, Td) • for 7-year-olds and older					
Polio (IPV, OPV)					
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday • required for kindergarten and 7th grade					
Hepatitis B (hep B) • required for kindergarten and 7th grade					
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required for kindergarten and 7th grade					
Haemophilus influenzae type b (Hib)					
Meningococcal (MCV, MPSV)					
Human Papillomavirus (HPV)					
Hepatitis A (hep A)					

1. Choose one of the following to indicate student's immunization status and the source of the information above:
 A. I certify that this student has received all immunizations required by law.

Signature of parent/guardian or physician/public clinic _____ Date _____
 B. I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B (K and 7th), varicella (K and 7th), measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months. The dates on which the remaining doses are to be given are: _____

Signature of physician/public clinic _____ Date _____

2. Parental/Guardian Consent:

Your child's school is asking your permission to share your child's immunization record with Minnesota's immunization registry to help us better protect students from disease. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization record with Minnesota's immunization registry:

Signature of parent or legal guardian _____ Date _____

3. Exemptions to School Immunization Law

A. Medical exemption:

No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed. (For varicella disease see * below.)

Exempted immunization(s): _____

Signature of physician/nurse practitioner/physician assistant _____ Date _____

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ Year

Signature of physician/nurse practitioner/physician assistant _____

B. Conscientious exemption:

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s): _____

Signature of parent or legal guardian _____ Date _____

Subscribed and sworn to before me this _____ day of _____ 20____

Signature of notary _____

Additional exemptions:

- Children less than 7 years of age: The 5th dose of DTaP/DTp/DT (similarly, the 4th dose of polio vaccine) is not necessary if the 4th DTaP/DTp/DT (3rd dose of polio) was administered after the 4th birthday.
- Children 7 years of age and older: A history of 3 doses of DTaP/DTp/DT/DTd/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- Students in grades 7-12: A Td or Tdap booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7th birthday but before their 11th birthday. Instead, it will be required 10 years after the date of the most recent dose.
- Students 11-15 years of age: A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- Students 10 years or older: May receive Tdap to fulfill the Td requirement for students in grades 7-12.
- Students 18 years of age or older: Do not need polio vaccine.



STUDENT ACCEPTABLE USE POLICY

The Internet, an international network of networks, allows people access to hundreds of thousands of networks and computers. It is a powerful educational tool that is available to students in our school district. Access to the ISD 16 wide area networks, including the Internet, is governed by these guidelines and expectations.

Computers must be used in a responsible, ethical, and legal manner.

I understand that access to the Internet will be for educational purposes only. I will always have a specific Internet research topic approved by a teacher. While on the Internet, I will stay focused on the topic I am researching and log out when done.

I understand that any information downloaded from the Internet should be classroom related. This applies to software, graphics and images, as well as text. District 16 will take reasonable steps to restrict access to offensive material. I also accept responsibility not to purposefully review or download material that is obscene, vulgar, sexually explicit or offensive in terms of race, sex or religion. I will immediately report any accidental viewing of inappropriate materials. I will obey copyright laws.

I understand and will practice proper Internet and network etiquette. I will not send or display offensive, obscene, or abusive messages or pictures. I understand that electronic mail is not guaranteed to be private. System administrators have access to all mail.

I will not share account passwords or give out personal information, such as addresses, telephone numbers, etc., about myself or anyone else.

I will not use the network or Internet for financial gain or for any commercial or illegal activity.

I understand vandalism will result in cancellation of privileges. I will not attempt to harm or destroy data of Internet or network users. This includes, but is not limited to, the uploading or creation of computer viruses. I will not attempt to bypass security systems on computer workstations or servers.

I will print only those documents that are necessary.

Failure to adhere to the guidelines for the use of computers, networks, and Internet in District 16 will result in revocation of access privileges and other consequences as determined by the building discipline procedures. The student is expected to follow all guidelines stated above, as well as those given orally by the staff.

I understand and agree to accept the guidelines and expectations of working with Internet and network resources.

Student Last Name

Student First Name

I understand that ISD 16 will take all reasonable steps to restrict access of offensive materials, and I realize that no system of safeguards is guaranteed to be 100% effective. I have discussed this guideline with my child(ren) and have set and conveyed standards for my daughter or son to follow when selecting, sharing or exploring information. As a parent or legal guardian of the minor student signing above, I understand that ISD 16 cannot be held liable for violations.

I give my permission for my child to use Internet and network resources.

I do not wish my child to use the Internet.



MEDIA PERMISSION FORM

Schools and departments frequently highlight education and the many good things that are happening. This includes, but is not limited to, articles and photographs in a school or district newsletter, video of a student program shown in school or on the district's cable channel, an article in a local newspaper, or something on our web site. Pictures or videotape may be of large groups of students or individual students singled out for achievement. Students' names may or may not appear with any image.

Please take a moment to complete the form below. When highlighting the good things happening in our schools, it will allow us to honor your wishes regarding your child.

Return this form, as soon as possible, to the school office where it will be kept on file for the school year.

Thank you.

I have read the above information. For the school year, I, as parent/guardian:

- give permission**
- deny permission** for my child's name or image (photo/video) to be published for school or district media use.

Child's Last Name

Child's First Name

Date



EARLY CHILDHOOD SCREENING REQUIREMENT FOR KINDERGARTEN

The early childhood years from birth to the start of kindergarten are an important time of rapid learning and growth. Early Childhood Screening is a quick and simple check of how children are doing between the ages of 3 to 4 years. It identifies, at an early stage, possible learning or health concerns so that children can get needed help before starting school. Early Childhood Screening is not a kindergarten entrance test.

Early Childhood Screening or evidence of a comparable screening by a non-school provider (e.g., Head Start, Child & Teen Checkups/EPST or a health care provider) is required for entrance in Minnesota's public schools or within 30 days of enrollment into kindergarten. Early Childhood Screening is offered throughout the year by local districts.

Minnesota Department of Education
<http://www.education.state.mn.us/>

Child's

Last Name

First Name

Date of Birth _____

Yes, my child has already gone through Early Childhood Screening. It was completed at _____ . (If your child was screened outside of Spring Lake Park, please request that the other district send the record to:

Spring Lake Park School District
Early Childhood Screening
Attn: Barb Saunders
880 Osborne Road
Fridley, MN 55432

He/she does already have an appointment on _____.

Please call me at _____ to make a screening appointment for my child.



Kindergarten Options Enrollment Form

The Spring Lake Park School District will be offering both traditional and Spanish Immersion half-day Kindergarten, full-day Kindergarten Plus, or half-day with kindergarten enrichment options. **Please choose the (one) option you prefer. You must turn this form in along with your registration forms.**

Child's Name _____

Parent/Guardian name(s) _____

Address _____

Home phone _____ Work _____ Cell _____

My child's home school is: Northpoint Elementary Park Terrace Elementary Woodcrest Elementary

ENROLL MY FUTURE KINDERGARTNER (CHECK ONLY ONE OPTION)

TRADITIONAL OPTIONS	SPANISH IMMERSION OPTIONS
<input type="checkbox"/> Enroll my child in district-provided Half-Day Kindergarten .	<input type="checkbox"/> Enroll my child in district-provided Half-Day Spanish Immersion at Westwood.
<input type="checkbox"/> Enroll my child in the fee-based Full-Day Kindergarten Plus (A random drawing will determine admission if there is more interest than space.) I have included a \$50 registration fee. Please complete the Kindergarten Plus section below.	<input type="checkbox"/> Enroll my child in the fee-based Full-Day Spanish Immersion Kindergarten Plus (A random drawing will determine admission if there is more interest than space.) I have included a \$50 registration fee. Please complete the Kindergarten Plus section below.

If you are *not* selected for the All-Day Kindergarten Plus option, you will be automatically enrolled in the appropriate half-day option (whether it be traditional or Spanish Immersion) based on your original school selection.

KINDERGARTEN PLUS ENROLLMENT

Person responsible for Kindergarten Plus tuition if different from above: _____

\$50 registration fee: VISA/MC/Discover # _____ (credit card preferred)

Name on credit card: please print _____ expiration MM/YY _____

I would like to be considered for a scholarship. (You must qualify based on financial need. There are a limited number of scholarships available.) The sliding fee application must be turned in along with this form to be in the random drawing.

Registration fee will be returned only if child is not offered a Kindergarten Plus slot. Parents offered a slot who choose to decline will forfeit the registration fee. All forms and fee must be returned to Community Education before the random draw is held in order to be considered for the random draw and to secure a slot.

Note to parents: Kindergarten Plus is a tuition-based educational program. It is not considered daycare and may not be deductible on taxes as a daycare expense nor is it eligible for flex-spending. It may be deductible as an educational expense. Please contact your tax advisor.

Full-Service, Full-Day Kindergarten Enrichment

Spring Lake Park School District also offers the fee-based **Learning Ventures Childcare** (formerly known as **Kids Club**). To provide before- and after-school child care at the elementary schools to complement your Traditional Half-Day or Spanish Immersion Half-Day Kindergarten option. For more information, call 763-786-1338 or go to www.springlakeparkschools.org, select Community Education under Departments.



Kindergarten Plus Sliding Fee Application



Name of parent or guardian _____			
Address _____	APT # _____	City _____	Zipcode _____
Name of Child _____		Daytime number _____	

Please include a copy of your two most recent paycheck stubs and income tax statement for verification purposes. All forms must be returned with K+ Options form. Thank you.

Monthly Income: Household Members-Please list all members of household below (including non-working)	1 Gross Earnings from work; include all jobs	2 Pension/Retirement/Social Security	3 Unemployment, Worker's Comp, Strike Benefits	4 Public Assistance, Child Support, Alimony	5 Net income/self employed	6 Other income
1.						
2.						
3.						
4.						
5.						
6.						

Place of employment or MFIP case number:	
_____	_____
Place of work	Telephone number of place of work

MFIP Case Number	

Signature and Social Security Number: I certify that the above information is true and correct and that all the income is reported and/or MFIP case number is reported correctly. ***I understand that a copy of two recent paychecks and a tax statement is to accompany this form so the Community Services officials may verify the information on this application.***

Signature of parent/guardian
Date

FOR SCHOOL USE ONLY	Applicant: DO NOT WRITE BELOW THIS LINE
----------------------------	------------------------------------------------

Approved *free* _____ Approved *reduced price* _____ Denied _____ Temporary _____

_____ Date Rec'd/Initials _____

Signature of determining official _____ Date _____



Open Enrollment forms

The next two pages need **ONLY** be completed if you are applying for open enrollment into the Spring Lake Park School District.

Statewide Enrollment Options Form
Required form for all Minnesota districts

PARENTS: Email, mail or fax this form to the superintendent's office of the non-resident district where you wish your student to attend. Do not mail to the Minnesota Department of Education. See General Information and Instructions for important January 15th deadline information that may apply.

Section 1: To be completed by the Student's Parent/Guardian			
Parent/Guardian Name (Last)	(First)	(MI)	Telephone Number Home: () Work: ()
Parent/Guardian Address: City/State/ZIP:			
Resident District: City:	District of Choice (Non-Resident School District): District of Choice Fax Number: ()		
Student Name (Last)	(First)	(Middle)	
Current Grade Level:	Grade Level Desired:	Desired Date of Enrollment:	
Is this student currently expelled under Minn. Stat. § 121A.45 for a reason listed in Minn. Stat. § 124D.03, Subd. 1? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a Minneapolis resident interested in 'The Choice is Yours' Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			
Age of Student Will the student be at least age 5 and under age 21 by September 1 of enrollment year? <input type="checkbox"/> Yes <input type="checkbox"/> No When a spot is offered, districts will then request birthdate, records and other required registration information. If you answered NO to the statement, the student is not eligible for open enrollment unless the student fully meets the requirements for an exception to the age requirements listed in the instructions. <input type="checkbox"/> Yes, this student qualifies under the terms of the exceptions described on the back of this form.		Please rank the schools in this non-resident district in order of preference: 1. _____ 2. _____ 3. _____ Reason for request: (this does not affect your acceptance)	
I hereby verify that the above information is true and correct to the best of my knowledge and belief.			
Signature – Parent/Guardian _____		Date _____	

Non-Resident District: Complete Section 2. Notify parents/guardians by **February 15** (or no more than 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. Report all rejected applications to the Minnesota Department of Education by **July 15**.

Section 2: To be completed by the Non-Resident District		
Date Application Received	District Name	District Number
District Contact	Title	Telephone Number ()
<input type="checkbox"/> 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 for enrollment at: School Building Name: _____ Starting Date: _____ Grade Level: _____		
<input type="checkbox"/> NOT APPROVED The non-resident district has denied your request for open enrollment because of the following reason(s) allowed in Minn. Stat. § 124D.03. Check all that apply.		
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 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.		
NON-RESIDENT DISTRICT SIGNATURE: _____ Superintendent / Responsible Authority Date _____		

GENERAL INFORMATION AND INSTRUCTIONS: Kindergarten through twelfth grade students and pre-kindergarten children with disabilities may apply to attend a public school outside of their resident district (Minn. Stat. § 124D.03). Use one application per student per requested district.

Parent/Guardian: Before making a selection it would be beneficial to request school and program information from districts, visit schools, and ask questions of administrators, teachers, parents and students. The Minnesota Department of Education's (MDE) Website: <http://education.state.mn.us> has information about school districts, schools and programs. Once you decide to apply, you must inform your child's current school that you are applying to a nonresident district for enrollment. Complete Section 1 and sign Section 2 of the School District Enrollment Options Program form and send the completed application to the non-resident district's superintendent's office. **Please do not send the form to MDE.**

Age requirements:

Open enrollment is only available to students who will be age 5 by September 1 and under age 21, without a high school diploma, unless:

- 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 for early childhood special education. In these situations, the family should list "EC" as their requested grade level
- **OR**, the student has met all requirements of the nonresident 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 nonresident 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 nonresident district to determine eligibility.

Deadlines and exceptions to deadlines:

Applications must be sent to the nonresident district by January 15 in order to enroll beginning the following school year unless:

- one or both districts receives Statewide Integration Revenue, in which case there is no deadline and enrollment may begin at any time. (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 § 124D.03, Subd. 7.

Acceptance 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. (Minn. Stat. § 124D.03, Subd. 6.)

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

Do not disclose special needs of students on the *School District Enrollment Options Programs* form; this information is provided after an enrollment spot is offered.

Minneapolis Families: The Choice is Yours program provides families who live in the city and meet income guidelines the chance to attend suburban schools with free transportation. See http://foodservice.mpls.k12.mn.us/Free_and_Reduced_Price_Meal_Eligibility.html for income guidelines and <http://www.wmep.k12.mn.us/aboutciy.html> for more about The Choice is Yours.

Currently expelled students: Nonresident districts may, but are not required to, reject applications from students currently expelled as defined in Minnesota Statutes § 121A.45 and Minnesota Statutes § 124D.03 Subd 1.

Notice as to acceptance of application: You can expect to receive an approval/disapproval from the nonresident district by **February 15 or 30** days after applying for the current or upcoming school year. (Do

not apply for school enrollment further in advance than school year that starts one year after the last January 15). After receiving approval of your application you must notify the non-resident district of your commitment to attend by **March 1 or 15 days** after applying. School districts who have more applications than they can accommodate hold lotteries to determine which students will receive spots.

If the nonresident district notifies you that your application has been accepted:

Notify the nonresident district as to whether you are accepting the offer of enrollment by March 1 or 15 days after notification.

The nonresident district must notify the resident district that your student is changing enrollment by March 15 (or 15 days after notice from you that you are accepting the enrollment if January 15 application deadline was not applicable).

Visit the district offices at least 10 days prior to the above starting date for completion of all enrollment forms.

Parents or guardians of students with special needs are encouraged to contact the district as soon as possible after accepting an offer of enrollment in a nonresident district so an I.E.P. team can be convened.

The school district will provide you information regarding transportation. (Minn. Stat. § 123B.88, subdivision 6, Minn. Stat. § 124D.03, Subd. 8.) Minneapolis families who meet income guidelines and attend suburban districts through The Choice is Yours may qualify for free transportation.

By accepting this enrollment, your student is obligated to attend the nonresident 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. Note: you **do need** to apply again for siblings.

If your application was denied, districts:

- Must indicate the provision in state law that applied.
- Must report to the Minnesota Department of Education by July 15 all denied applications.
- May inform you that the only reason the application was rejected was a missed January 15 deadline. In this case, you could ask your resident district whether it would be willing to form an agreement with the nonresident district for the upcoming year-- both districts must agree. However, you will need to apply again next year through the regular open enrollment process, meeting the January 15 deadline, so your student's enrollment is not subject to year-to-year mutual agreements between districts. (Minn. Stat. § 124D.03, Subd. 6)