



**SCHOOL DISTRICT ENROLLMENT OPTIONS PROGRAM  
REQUIRED FORM FOR ALL MINNESOTA DISTRICTS**

ED-01861-22

**PARENTS:** Mail this form to the superintendent's office of the nonresident district where you wish your student to attend. Do not mail to the Minnesota Department of Education. See *General Information and Instructions: School District Enrollment Options Program* on important January 15<sup>th</sup> deadline information that may apply to your student.

**SECTION 1: TO BE COMPLETED BY THE STUDENT'S PARENT OR GUARDIAN**

Parent/Guardian Name (Last, First, M.I.)		Telephone Number Home: ( ) - Work: ( )
Parent/Guardian Address		City/State/Zip Code
Resident District		City
District of Choice (Non-Resident School District)		
Student Name (Last, First, M.I.)		Seeking enrollment in what grade? Starting when?
Grade (as of application date)	Is this student currently <b>expelled</b> under Minn. Stat. § 121A.45 for a reason listed in Minn. Stat. § 124D.03, Subd. 1? <input type="checkbox"/> NO <input type="checkbox"/> YES.	
Reason for Request: (This does not affect your acceptance)	Family preferences regarding school(s) student wishes to attend in the nonresident district: 1. _____ 2. _____ 3. _____	

**SECTION 2: PARENT/GUARDIAN VERIFICATION OF INFORMATION**

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 3. The non-resident district must notify parents/guardians by **February 15** (or 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. Districts report all rejected applications to the Minnesota Department of Education by **July 15**.

**SECTION 3: TO BE COMPLETED BY THE NONRESIDENT DISTRICT**

Date of Application is Received	District Name <b>Forest Lake Area Schools</b>	District Number <b>0831</b>
Contact Person <b>Dr. Linda M. Madsen</b>	Title <b>Superintendent</b>	Telephone Number <b>( 651 ) 982-8104</b>
<input type="checkbox"/> <b>APPROVED</b> 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 in: _____ on _____ at _____ <i>School Building Name Starting date Grade level</i>		
<input type="checkbox"/> <b>DISAPPROVED</b> Nonresident District has denied your request for open enrollment because of the following reason(s) allowed in Minn. Stat. § 124D.03. Check all that apply. <ol style="list-style-type: none"> <li>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: School District Enrollment Options" or Minn. Stat. § 124D.03, Subd. 3.</li> <li>2. <input type="checkbox"/> Statute enrollment has been reached; Minn. Stat. § 124D.03, Subd. 2.</li> <li>3. <input type="checkbox"/> Grade is closed district-wide by board action; Minn. Stat. § 124D.03, Subd. 2. and Subd. 6.</li> <li>4. <input type="checkbox"/> District has denied the application because of reasons expulsion; Minn. Stat. § 124D.03, Subd. 1.</li> </ol>		
NONRESIDENT DISTRICT SIGNATURE: _____ <i>Superintendent / Responsible Authority</i>		_____ <i>Date</i>

Forest Lake Area Schools  
Enrollment Options  
6100 N. 210<sup>th</sup> St.  
Forest Lake, MN 55025