



Division of School Finance
 Special Education Funding and Data
 1500 Highway 36 West
 Roseville, MN 55113-4266

**South Dakota / Minnesota
 OPEN ENROLLMENT APPLICATION**
 Parent / Guardian: complete Sections I, II, III & sign

GENERAL INFORMATION: Parent / Guardian: complete sections I, II and III. Forward the signed and completed application to the Minnesota district in which the student seeks enrollment. Minnesota District: complete section IV and forwards the application to the resident district.

I. Parent/Guardian Information

Parent or Guardian Name (Last, First, M.I.):	Parent or Guardian Address:	School district in which family resides:
City:	State:	Zip:
Home Telephone #:	Work Telephone #:	Cell Telephone #:

II. Student Information

Student Name (Last, First, M.I.) - List only one student per application:	School Currently Attending:
District:	State:
Current Grade Level:	Grade Level Next Year:
List reason(s) for requesting enrollment (OPTIONAL)	Requested date for student to transfer (month/day/year).

Does this student have an IEP? Yes No

If "yes," the receiving district must have an appropriate program/services to meet the special needs of this student.

III. Receiving School District Information

Minnesota or South Dakota district to which student wants to transfer:	Preferred school building, if space is available:
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The above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian:	Date:
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IV. Date and Time Application Received by Resident School District

Date Application Received:	Received by: (Please sign)
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V. Approval or Denial of Application by the Receiving School District

This application is: (select one) <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Effective Date of This Application: (month/day/year)
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