

2020-21



# Mark your calendar



# Join us at these important events!



# Kindergarten Kick-off Events: 6 p.m.

Meet the principal, tour the school and gather information for this important step in your child's life. Students are invited to a special storytime with teachers.

Cedar Ridge: Nov. 4 Eden Lake: Nov. 19 Eagle Heights: Nov. 21 Forest Hills: Nov. 14 Oak Point: Nov. 14 Prairie View: Nov. 19



# Kindergarten Registration Nights: 6 p.m.

An opportunity for parents/guardians to get help with registration, turn in forms, tour the building and hear from current parents at your child's school. You may also register your child at our Welcome Center (8100 School Road) Mon.-Fri. from 7:30 a.m. to 4:30 p.m.

Registration deadline to be included in the Eagle Heights enrollment lottery is Jan. 31, 2020.

Cedar Ridge: Jan. 13 Eagle Heights: Jan. 16 Eden Lake: Jan 14 Forest Hills: Jan. 21 Oak Point: Jan. 23 Prairie View: Jan. 28



# 🕆 Registration deadline is January 31, 2020 🌟





# Kindergarten Welcome Events: 5-6:30 p.m.

Bring your incoming kindergartner for a fun evening with fellow parents and students. Take a ride on the school bus, play on the playground, have fun with a photo booth and get answers to questions before the school year begins.

Cedar Ridge: April 30 Eagle Heights: May 20 Eden Lake: May 13 Forest Hills: May 5 Oak Point: May 14 Prairie View: May 19



# **KinderCamp**

KinderCamp is a free opportunity for students entering kindergarten to help build their confidence about the start of the school year. Held at your child's elementary school, students will experience the elements of a "typical" kindergarten day and learn what it means to be an Eden Prairie Eagle. Watch for dates and registration information in spring of 2020.

Visit edenpr.org/kindergarten for more event details.

# Welcome to Kindergarten



# Dear Parents/Guardians,

We're happy to welcome you and your student to the Eden Prairie Schools family! Kindergarten is a major milestone in your child's learning journey, and we're excited to help them develop a lifelong passion for learning.

We're committed to inspiring each student every day, and we believe that begins with your child. Our nationally-recognized schools focus on high standards and a personalized learning approach that centers on each individual's talents and gifts. Our schools are supported by a strong parent community that cares about its students and their education.

This booklet is your complete guide to reserving your child's place in Eden Prairie Kindergarten. After reading through our program information, please submit your child's registration information to us as soon as possible. Options for submitting the registration information can be found on page 7.

If you have questions about enrolling your student, please contact our Welcome Center at Register4EP@ edenpr.org or 952-975-7008. We're here to help!

We look forward to seeing you at our Kindergarten events, and we're excited for your student to join us in the fall!

### Sincerely,

Amy Kettunen Jahnke, Cedar Ridge Elementary Principal
Hernan Moncada, Eagle Heights Spanish Immersion Principal
Tim Beekmann, Eden Lake Elementary Principal
Connie Hytjan, Forest Hills Elementary Principal
Joel Knorr, Oak Point Elementary Principal





# Kindergarten options

# Eden Prairie Schools offers two high-quality options for your child

# **Neighborhood School**

Each of our five neighborhood elementary schools offers an excellent full-day kindergarten program where students benefit from a nurturing, yet highstandards approach to learning. Through personalized learning, our strong curriculum is designed to inspire and support each young learner's unique talents and gifts. All of our classrooms emphasize the 4Cs: communication, collaboration, critical thinking and creativity. Eden Prairie's reputation of excellence runs deep throughout our district; all of our neighborhood elementary schools have received one of the state's top "Reward" or "Celebration Eligible" designations. We invite you to visit your neighborhood school to see our wonderful students and staff in action.



# **Spanish Immersion School**

All families are invited to consider a bilingual educational experience for their child at Eagle Heights Spanish Immersion elementary school. Eagle Heights offers a full immersion experience for students in kindergarten through sixth grade. Our young scholars are taught the same full-day curriculum as our high-quality neighborhood elementary schools, but the content is delivered in Spanish. (Art, music and physical education classes are taught in English.)

Registration materials must be turned in by 4 p.m. on January 31, 2020. A lottery will be held in February 2020 to determine placement. Online registration is encouraged. For more information visit: edenpr.org/Spanish-Immersion.



# How can I find my neighborhood school?

Find out which elementary school is assigned to your neighborhood at <u>edenpr.org/school-locator</u>.

# Why choose **Eden Prairie?**





# Committed to Low Class Sizes

Our schools are among the lowest average kindergarten and 1st grade class sizes in the west metro.



# Outstanding Parent Approval

Our exceptional teaching staff earned a 97% approval rating among parents.



### A+ Rating

Eden Prairie was rated the #1 "Best Suburb to Live in Minnesota" in 2019 by Niche.com, which included the highest possible rating of "A+" for the Eden Prairie School District.



# Personalized Learning

Eden Prairie Schools is highly committed to a personalized learning experience and meeting the unique needs of your child.



# Largest Variety of Athletics, Arts & Activities

Eden Prairie Schools' co-curricular activities include the largest variety of athletic, academic and music options in the state. This gives your student more opportunities to explore his or her interests.



# Educational Leader in Academic Excellence

We support each student to reach higher, to be critical thinkers, and to achieve their personal best. This prepares them to be lifelong learners with 21st century skills.

"We chose Eden Prairie
Schools for our family because
of its continued reputation for
quality instruction, starting
with Early Childhood and
everything beyond."

-The Beutz family



# Parent/Guardian need-to-know



# Early Childhood Screening

If your child is between the ages of three and five, it's time to schedule their Early Childhood Screening. This is a FREE and simple check of how your child is growing and developing, which includes hearing, vision, speech, and motor abilities. The state of Minnesota requires that all children be screened before they enter kindergarten. View current appointment availability online at edenpr.org/ECscreening or call 952-975-6940.



# Safety & Security

The safety and well-being of your child is our highest priority. We work to ensure school grounds and building entrances are carefully monitored by trained staff. Students are not allowed to leave during the school day unless signed out by an authorized adult. All staff are required to wear an ID badge throughout the school day. All visitors must sign in with a valid ID at the school's main office and wear a visitor badge.



# **Busing & Transportation**

We provide bus transportation at no cost to kindergartners who are within the boundaries of Eden Prairie Schools. We have a highly-trained staff, a strong safety record, and well-maintained vehicles. We also provide training to all students on safe riding expectations and emergency evacuation procedures. For more information, call 952-975-7500 or visit edenpr.org/Transportation.



# **Before & After-School Care**

Eagle Zone offers a fun and safe environment that provides kids with engaging and exciting activities before and after school. Community Education will begin accepting registration in March 2020 for September 2020 enrollment in the program. Families are encouraged to register prior to August, as sites have a processing period of up to two weeks for all new registrations. Learn more at edenpr.org/EagleZone.







# **Gifted & Talented**

Each child has unique talents and abilities, which is why we provide multiple levels of accelerated curriculum to nurture the development of our learners. An example is our full-day Gifted & Talented program, Mosaic. This program provides challenging curriculum at an accelerated pace while meeting the unique academic and social/emotional needs of highly gifted learners in a supportive educational environment. Allow us to show you the accelerated opportunites for your child. Learn more at edenpr.org/gifted-talented.



# **Health Services**

Our Health Services team has a unique understanding of students' physical, social, and emotional health and the resulting impact on learning. Each school is staffed by a Health Services Paraprofessional during school hours. Our nurturing staff members are here to give your child the best care possible. Visit edenpr.org/health to learn more.



# **Special Education Services**

Eden Prairie Schools is proud of our highly-qualified and caring teachers, paraprofessionals, and administrators who serve students with disabilities throughout the district. All services are developed to facilitate each student reaching their full potential. From early intervention to community based vocational training, students are provided a quality, individualized educational program in the least restrictive environment possible. Learn more at edenpr.org/SES.



# Parent Involvement

We encourage families to be involved in their child's school. We partner with parents to enhance the educational environment for all of our students. Fundraisers and enrichment opportunities are held throughout the year at each school. To learn more about getting connected with the PTO and other volunteer opportunites inside and outside of the classroom, please contact the main office of your child's school.



# How can I register?



# Online

Visit <u>edenpr.org/Kindergarten</u> and click on the *Register for Kindergarten* button. Enter your name and email address when prompted. You will receive an email from Infinite Campus, Eden Prairie Schools' online registration system. Follow the link in the email to complete the online registration form. Our Welcome Center will send additional required forms, if applicable.



# **Email**

Complete the forms in this booklet, scan and email them along with a digital/scanned copy of the additional required information (see p. 17 for requirements) to our Welcome Center at Register4EP@edenpr.org.



### Fax

Complete the forms in this booklet and fax them along with the additional required information (see p. 17 for requirements) to our Welcome Center at 952-975-7026.



### In Person

Visit our Welcome Center at 8100 School Road in Eden Prairie. Our office hours are Mon.— Fri. from 7:30 a.m. to 4:30 p.m. Translation services are available.



### U.S. Mail

Complete the forms in this booklet and mail them along with the additional required information (see p. 17 for requirements) to our Welcome Center at 8100 School Road, Eden Prairie, MN 55344.

Questions? We're here to help! Contact our Welcome Center at 952-975-7008 or email Register4EP@edenpr.org

Children five-years-old on or before Sept. 1, 2020 are eligible to attend kindergarten during the 2020-21 academic year. Complete the form on the following pages to enroll your child at Eden Prairie Schools. Contact the Welcome Center with questions at 952-975-7008 or Register4EP@edenpr.org.

Online registration now open: edenpr.org/register

| Part 1: Introduce us to your child                         |                                |                             |                       | 10/19                             |
|------------------------------------------------------------|--------------------------------|-----------------------------|-----------------------|-----------------------------------|
| 1. Child's full legal name: Write the child's full legal   | al name as it appears or       | the birth certificate, pass | port, or other approv | ed official documentation.        |
|                                                            |                                |                             |                       |                                   |
| First Name Mide                                            | dle Name                       | Last Name                   |                       | Suffix, if any (ex. Jr., II, III) |
| 2. Does your child prefer to be called by a nick           | name?                          | No                          | he name?              |                                   |
| 3. When was your child born? (Month/Day/Yes                | ar)                            | 4. Wha                      | t is your child's gen | der?                              |
| 5. In which country was your child born?                   | ☐ United Sta                   | ates 🔲 Other. Fi            | II in the country na  | me:                               |
| 6. Parent/Guardian Address(es): If your child              | does not live at either o      | of these two addresses, co  | ontact the Welcome    | Center at 952-975-7008.           |
| Home 1 (Primary Address)                                   |                                | Home 2 (Fill in if chil     | ld's parents/guardian | ns live in separate homes)        |
|                                                            |                                |                             |                       |                                   |
| Street Address                                             | Apartment Numbe                | r Street Address            |                       | Apartment Number                  |
|                                                            |                                |                             |                       |                                   |
| City State                                                 | :                              | City                        |                       | State Zip                         |
| Does the Child have a parent in the military? $\square$ Ye |                                |                             |                       |                                   |
| 7. Which phone number at the above address                 | s(es) do you prefer w          | e call for attendance ar    | nd notifications?     |                                   |
|                                                            |                                |                             |                       |                                   |
| Home Phone Number (Primary Household)                      |                                | Home Phone (Secondar        | ry Household)         |                                   |
| 8. Who lives at the addresses listed in Question           | on 6?                          |                             |                       |                                   |
| Parent/Guardians' Full Legal Name:                         |                                |                             | Email:                |                                   |
| Relationship (Check all that apply): ☐Parent ☐Leg          | gal Guardian Date of           | Birth (MM/DD/YYYY)          |                       | Gender: ☐Male ☐Female             |
| Does this parent/guardian live at the primary or se        | condary address: $\square$ Pri | mary   Secondary            |                       |                                   |
| Home Phone:                                                | Work Phone:                    |                             | Cell Phone:           |                                   |
| Parent/Guardians' Full Legal Name:                         |                                |                             | Email Address:        |                                   |
| Relationship (Check all that apply):   Parent Leg          | al Guardian Date of            | Birth (MM/DD/YYYY)          |                       | Gender: ☐Male ☐Female             |
| Does this parent/guardian live at the primary or se        | condary address: ☐Pri          | mary DSecondary             |                       |                                   |
| Home Phone:                                                | Work Phone:                    |                             | Cell Phone:           |                                   |
| Please List All Other People Who Reside in the             | e Household (Siblings          | , Grandparent, Step-Pa      | arent, Etc)           |                                   |
|                                                            |                                |                             |                       | Primary Address                   |
| Person's Full Legal Name                                   | Date of Birth                  | Cell Phone                  | Relationship          | to Child Secondary Address        |
|                                                            |                                |                             |                       | Primary Address                   |
| Person's Full Legal Name                                   | Date of Birth                  | Cell Phone                  | Relationship          |                                   |
|                                                            |                                |                             |                       | Primary Address                   |
| Person's Full Legal Name                                   | Date of Birth                  | Cell Phone                  | Relationship          | to Child Secondary Address        |
|                                                            |                                |                             |                       | Primary Address                   |
| Person's Full Legal Name                                   | Date of Birth                  | Cell Phone                  | Relationship          |                                   |



10/19

| Child's Name                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of E                                        | Birth                    |                                                                       |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------|-----------------------------------------------------------------------|--|--|--|--|--|--|--|
| 9. Whom should we call in an emergency? In an emergency or if your child becomes sick at school and we cannot reach a parent/guardian, we will call your designated emergency contact in the order listed. This person should be able to pick up your child. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                          |                                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                          |                                                                       |  |  |  |  |  |  |  |
| Person's Name                                                                                                                                                                                                                                                | Relationship to Child                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cell Phone                                       | Work Phone               | Other Phone                                                           |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                          |                                                                       |  |  |  |  |  |  |  |
| Person's Name                                                                                                                                                                                                                                                | Relationship to Child                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cell Phone                                       | Work Phone               | Other Phone                                                           |  |  |  |  |  |  |  |
| Part 2: Do You Want To E                                                                                                                                                                                                                                     | nroll Your Child In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The Spanish Imme                                 | rsion School?            |                                                                       |  |  |  |  |  |  |  |
| music, art and physical educat<br>turn in registration forms (inc<br>space allows, we will hold a lo<br>for the free or reduced meals<br>is enrolled or their wait list nu                                                                                   | Eagle Heights Spanish Immersion is a K-6 public school of choice within Eden Prairie Schools. All subjects are taught in Spanish except for music, art and physical education. To ask for enrollment in Eagle Heights beginning in September of 2020, answer yes on question 10 and turn in registration forms (including required proof of address) by 4 p.m. on Jan. 31, 2020. If we receive more requests for enrollment than space allows, we will hold a lottery to select students. Families who submit an Educational Benefits form with their registration and qualify for the free or reduced meals program will receive preference in the lottery. If we do hold a lottery, we will notify you whether your child is enrolled or their wait list number. Note: Even if you have another child in the school, you must return registration materials by Jan. 31, 2020 to be considered for the lottery. For more information about the school, go to www.edenpr.org/eagleheights or call (952) 975-7700. |                                                  |                          |                                                                       |  |  |  |  |  |  |  |
| 10. Do you want to enroll y                                                                                                                                                                                                                                  | our child in Eagle H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | eights Spanish Imme                              | ersion? 🗆 Yes 🕒 N        | 0                                                                     |  |  |  |  |  |  |  |
| *If you believe you qualify for the along with this registration form.                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  | • •                      | deral Educational Benefits Program and submit it<br>B to request one. |  |  |  |  |  |  |  |
| Part 3: Tell Us If Your Chil                                                                                                                                                                                                                                 | d Will Be Riding Th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ne School Bus                                    |                          |                                                                       |  |  |  |  |  |  |  |
| 11. Will your child ride the                                                                                                                                                                                                                                 | bus to school?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |                          |                                                                       |  |  |  |  |  |  |  |
| ☐ No I will be responsible for                                                                                                                                                                                                                               | taking my child to school                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ol and picking my child u                        | o from school. (Go to Pa | art 4).                                                               |  |  |  |  |  |  |  |
| ☐ Yes My child will be riding t                                                                                                                                                                                                                              | he school bus.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |                          |                                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | d off at an address that in the boundary of Eder |                          | ome (primary) address? Note: the school bus can                       |  |  |  |  |  |  |  |
| ☐ No ☐ Yes That a                                                                                                                                                                                                                                            | ddress is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                          |                                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                              | Street Addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ess                                              | Apartr                   | ment number                                                           |  |  |  |  |  |  |  |
| Contact person at that a                                                                                                                                                                                                                                     | address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                          |                                                                       |  |  |  |  |  |  |  |
| Contact person's phone                                                                                                                                                                                                                                       | number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                          |                                                                       |  |  |  |  |  |  |  |
| Part 4: Living Situation                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                          |                                                                       |  |  |  |  |  |  |  |
| 12. Is your child homeless? Exa<br>family due to loss of housing, in a<br>not ordinarily used for sleeping, o                                                                                                                                                | hotel/motel, in an eme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rgency shelter, a place                          | ☐ Yes ☐ N                | No                                                                    |  |  |  |  |  |  |  |
| Part 5: Tell us about your                                                                                                                                                                                                                                   | child's race and e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | thnicity                                         |                          |                                                                       |  |  |  |  |  |  |  |
| According to federal and state                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                                | identify your child's    | ethnicity and race.                                                   |  |  |  |  |  |  |  |
| If you do not fill out the follow                                                                                                                                                                                                                            | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  | u following a process    | s the district developed.                                             |  |  |  |  |  |  |  |
| Answer all questions below: The f                                                                                                                                                                                                                            | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                          |                                                                       |  |  |  |  |  |  |  |
| 13. Is your child Hispanic, Latin                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Yes ☐ No                                       | 0                        |                                                                       |  |  |  |  |  |  |  |
| 14. Is your child(Check all the                                                                                                                                                                                                                              | at apply. You must che                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | eck at least one.)                               |                          |                                                                       |  |  |  |  |  |  |  |
| ☐ American Indian or Alaskan Na                                                                                                                                                                                                                              | tive 🗖 Asian 🗖 Bl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ack or African American                          | ☐ Native Hawaiian        | or other Pacific Islander 🔲 White                                     |  |  |  |  |  |  |  |
| 15. Is your child North Americ                                                                                                                                                                                                                               | an Indian or Alaska Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ative? If yes, please requ                       | est and complete a 506   | form in the Welcome Center.                                           |  |  |  |  |  |  |  |



10/19

| Child's Name                                                                                                                                                                         | Date of Birl                                                                                                                                                                                                                                                                                                                                                       | Date of Birth                                                                                                                |                                                                                                    |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Part 6: Tell Us About Your                                                                                                                                                           | Child's Health                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                              |                                                                                                    |  |  |  |  |  |  |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                                                                    |  |  |  |  |  |  |
| 16. Does your child have any health issues? Check all that apply.                                                                                                                    | □ Asthma/Respiratory □   □ Diabetes □   □ Heart/Cardiovascular □   □ Mental Health □                                                                                                                                                                                                                                                                               | ADD/ADHD (Diagnosed) Bladder/Kidney Food Intolerances Hepatitis Orthopedic Surgeries/Hospitalization and in the above chart: | □ Arthritis □ Cancer □ Hearing Concerns □ Lead Poisoning □ Seizures/Neurological □ Vision Problems |  |  |  |  |  |  |
| Does your child have allergies?                                                                                                                                                      | ☐ Yes ☐ No  My student is carrying his/her own Epi-Pen (physician's orders required): ☐ Yes ☐ No  Please specify if allergy is mild, severe, or life threatening to food, animal, medication, other:                                                                                                                                                               |                                                                                                                              |                                                                                                    |  |  |  |  |  |  |
| 17. Does your child need medication/treatment at home or at school?  Activity restrictions?                                                                                          | At Home:  Yes  No  At School:  Yes  No  Medications in school: Medications can be dispendent the student. All medications, both prescription requesting that the medication be given during supplied in the original labeled container. Ask to Yes  No  Explain:                                                                                                   | n and non-prescription, require an or<br>g the school day. Prescription and no                                               | der from the doctor and the parent on-prescription medication must be                              |  |  |  |  |  |  |
| 18. Child's physician/clinic contact Information                                                                                                                                     | Physician:                                                                                                                                                                                                                                                                                                                                                         | Clinic:                                                                                                                      | Phone:                                                                                             |  |  |  |  |  |  |
| <ul><li>safety while at school. Your and vision screenings are presented and vision screenings are presented and vision screenings.</li><li>Your signature also authorized</li></ul> | • I understand the information on this form is given voluntarily. This information is collected to provide for your student's health and safety while at school. Your signature gives permission to share health concerns with appropriate staff for your student's safety. Hearing and vision screenings are provided for students according to state guidelines. |                                                                                                                              |                                                                                                    |  |  |  |  |  |  |
| Parent/Guardian Signature:                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                    | Date:                                                                                                                        |                                                                                                    |  |  |  |  |  |  |



10/19

### Part 7: Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time. Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

| Child's full Name                                                              |                           |                |             |              |                  |              |                     |
|--------------------------------------------------------------------------------|---------------------------|----------------|-------------|--------------|------------------|--------------|---------------------|
|                                                                                |                           |                |             |              |                  | T            |                     |
| First Name                                                                     | Middle Name               |                | Last Name   |              |                  | Birthdate    | e or Student ID     |
| 1. My student first learned: (Check th                                         | ne phrase that best descr | ribes your s   | tudent)     |              |                  |              |                     |
| ☐ Language(s) other than English ☐                                             | English and languages oth | ner than Engli | ish 🚨 Or    | nly English  |                  |              |                     |
| Indicate the language(s) other than Engli                                      | sh in the space provided  |                |             |              |                  |              |                     |
| 2. My student speaks: (Check the ph                                            | rase that best describes  | your studer    | nt)         |              |                  |              |                     |
| ☐ Language(s) other than English ☐                                             | English and languages oth | ner than Engli | ish 🗖 Or    | nly English  |                  |              |                     |
| Indicate the language(s) other than English                                    | sh in the space provided  |                |             |              |                  |              |                     |
| 3. My student understands: (Check th                                           | ne phrase that best desc  | ribes your s   | tudent)     |              |                  |              |                     |
| ☐ Language(s) other than English ☐                                             | English and languages oth | er than Engli  | ish 🚨 O     | nly English  |                  |              |                     |
| Indicate the language(s) other than Engli                                      | sh in the space provided  |                |             |              |                  |              |                     |
| 4. My student has consistent interact                                          | tion in: (Check the phras | e that best    | describes y | our studen   | t)               |              |                     |
| ☐ Language(s) other than English ☐                                             | English and languages oth | ner than Engli | ish 🖵 Or    | nly English  |                  |              |                     |
| Indicate the language(s) other than English                                    | sh in the space provided  |                |             |              |                  |              |                     |
| We usually contact our families in E                                           | nglish. We may be able    | to commun      | nicate with | you in a lar | nguage of you    | ır preferend | ce.                 |
| In which language would you prefer                                             | that we communicate w     | vith you?      | ☐ English   | ☐ Somali     | ☐ Spanish        | ☐ Other      |                     |
| Do you need a translator or interpre                                           | ter to communicate with   | n us?          | ☐ Yes       | □ No         |                  |              |                     |
|                                                                                |                           |                |             |              |                  |              |                     |
| Parent/Guardian Information                                                    |                           |                |             |              |                  |              |                     |
|                                                                                |                           |                |             |              |                  |              |                     |
| Parent/Guardian Name Printed                                                   |                           |                |             |              |                  |              |                     |
|                                                                                |                           |                |             |              |                  |              |                     |
| Parent/Guardian Signature                                                      |                           | Date           |             |              |                  |              |                     |
| Language use alone does not identify<br>screened for English language proficie |                           | ish learner.   | If a langua | ge other tha | an English is ir | ndicated, yo | our student will be |

\*All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.



10/19

| Child's Name Date of Birth |
|----------------------------|

### Part 8: Tell Us About Your Child's Educational Experience

The Minnesota Department of Education requires that all children who attend public school complete Early Childhood Screening before they go to kindergarten. In the screening, professionals carefully check your child's growth and development, including hearing and vision, fine and large motor skills, speech and language skills, and social-emotional and cognitive abilities. The screening involves playful activities so your child will enjoy it. **We provide Early Childhood Screening at no cost to you.** 

Children who receive special services are evaluated with an assessment that meets this criterion, but you may choose to have your child participate in screening. Note: Typical 4- or 5-year-old checkups with a physician do not replace Early Childhood Screening.

Has your child completed Early Childhood Screening?

| □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | If no, please schedule an appointment for your child's screening:  Book Online: www.edenpr.org/ecscreening • Email: ECscreening@edenpr.org • Call: 952-975-6940                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| ☐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | My child completed screening, but NOT through Eden Prairie Schools. Attach a copy of the results or have the school district send us the results right away. Fax: 952-975-6920; Attn: ECS • Email: ECscreening@edenpr.org Mail: Eden Prairie Schools, 8040 Mitchell Road, Eden Prairie, MN 55344, Attn: Early Childhood Screening |  |  |  |  |  |  |  |  |  |  |
| ☐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | es My child received a screening through Eden Prairie Schools. No action is required as we already have a copy of your child's record on file.                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |  |
| Has your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Has your child ever had any kindergarten, prekindergarten or preschool educational experience? ☐ Yes ☐ No                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |
| Under w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | hat name did your child register in that school:                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| Name of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name of the school: School location (City, State, Country):                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
| Type of s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ype of school (public, private, religious, charter, home school, other):  Hours per week attended:                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |
| First dat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | First date of enrollment in U.S. Public School: Last date of attendance (Month/Year):                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |
| Are you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Are you interested in receiving information about preschool opportunities through Eden Prairie Schools?   Yes                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |
| of the second state of the |                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |

If your child receives special services:

- If your child receives special services in Eden Prairie Schools' Early Childhood Special Education Program, we have a copy of his or her record.
- If your child received special services from a different program or at a different school, we will need the Individualized Education Plan (IEP) and most recent evaluation forwarded to us. Submit your child's IEP and most recent evaluation to the Welcome Center.

### Part 9: Sign Here To Register Your Child For Eden Prairie Schools

A signature from a parent or guardian is required to register your child for Eden Prairie Schools.

I am the parent or legal guardian of the child described on this form. I request that you register my child in kindergarten at Eden Prairie Schools. I confirm that the information on this form is true and accurate.

In case of emergency, I give Eden Prairie Schools permission to transport my child to the appropriate medical facility. By signing below, I give Eden Prairie Schools permission to share my child's immunization record with Minnesota's immunization registry. In the case that my child has not been screened by the first day of school, my signature allows staff to conduct early childhood screening within the first 30 days that they attend.

Signature of parent or legal guardian Date: (MM/DD/YYYY)

### **Options For Turning In Your Registration Forms**

- Scan and email forms to register4ep@edenpr.org
- Bring them to Kindergarten Registration Night or to the Welcome Center (8100 School Road). The Welcome Center is open Monday-Friday, 7:30 a.m. 4:30 p.m.
- Fax forms to 952-975-7026. If you fax your registration materials, please call 952-975-7008 to confirm they have been received.
- Mail forms to the Welcome Center, 8100 School Road, Eden Prairie, MN 55344.

Questions? Call our Welcome Center at 952-975-7008.





How do parents rate Eden Prairie Schools?



96%

Trust Eden Prairie to do what's right for children

92%

Quality of communication rating

99%

Believe EP is a good value for the investment

98%

Overall quality of education rating

97%

Quality rating of teaching staff



| X<br>oile |
|-----------|
|           |

| . Birthdate       |                                                    | At At 7th grade At 12th grade                |         |             |                                                  |                                        |                    |       |                                  |                           |             |                                          |                         |
|-------------------|----------------------------------------------------|----------------------------------------------|---------|-------------|--------------------------------------------------|----------------------------------------|--------------------|-------|----------------------------------|---------------------------|-------------|------------------------------------------|-------------------------|
| Name.             | early childhood programs, and school.              | 12 -24 months Kin                            |         |             |                                                  |                                        |                    |       |                                  |                           |             |                                          |                         |
| Immunization Form | Immunizations required for child care, early child | Birth to 6 months                            |         |             |                                                  |                                        |                    |       |                                  |                           |             |                                          |                         |
| <u>p</u>          | ~                                                  | and year of each dose<br>such as 01/01/2010. | Vaccine | Hepatitis B | Diphtheria, Tetanus,<br>Pertussis (DTaP, DT, Td) | Haemophilus<br>influenzae type b (Hib) | Pneumococcal (PCV) | Polio | Measles, Mumps,<br>Rubella (MMR) | Chickenpox<br>(varicella) | Hepatitis A | Tetanus, Diphtheria,<br>Pertussis (Tdap) | Meningococcal<br>(MCV4) |

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

# Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
- If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
- Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
  - Sign or get the signatures needed for the back of this form. ۲
- Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
- Provide consent to share immunization information (optional) in section 3.



section 2 to verify history of varicella disease, and section 3 to consent to share Instructions: Complete section 1 to document a medical or non-medical exemption,

immunization information.

Name.

| <ul> <li>2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year</li></ul> | indications) or because there is laboratory confirmation that y immune.  Date:    Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Date:   Data | Hepatitis A       Non-medical exemptions must also be signed and stam         Hepatitis B       This document was acknowledged before me         Meningococcal       on(date) | aricella) | Measles, Mumps, Rubella  By my signature, I confirm that this child will not receive the vaccines marked with an X the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed. | Diphtheria, Tetanus, and Pertussis  are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others. | Vaccine  Medical Non-Medical B. Non-medical exemption: A child is not required to have an immunization that is again their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or other than the rick library that the rick library that is again.                                                                                                   | 1. Document a medical and/or non-medical exemption (A and/or B).  Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X. |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                  | STATE OF MINNESOTA, COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | oresence of notary)  must also be signed and stamped by a notary:  wledged before me  Notary Stamp  e)                                                                        | Date:     | that this child will not receive the vaccines marked with an X in eliefs. I am aware that my child may be required to stay home d other activities if exposed.                                                                                                      | are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.                                     | <b>B. Non-medical exemption:</b> A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of the child or other those came is contact with at rick. However, choosing not to vaccinate may put the health or life of the child or other those came is contact with at rick. | e vaccine, mark each vaccine with an X.                                                                                                                                                                                |





# Registration checklist



Please submit the following information to our Welcome Center in order to reserve your child's place in Eden Prairie Schools

# Enrollment form

Use our online registration system at <u>edenpr.org/Kindergarten</u> OR complete the Student Registration Form on pages 8-12 of this booklet.

# ( ) Immunization form

Provide a copy of your child's immunization record from your clinic, or complete the form on pages 14-15 of this booklet. You may submit partial immunization information at the time of registration and may call in, mail, fax or drop off any changes to the records that occur before the start of school.

# Proof of child's age

Please submit a copy of your child's birth certificate, passport or approved official documentation.

# Proof of address

Please submit a copy of the front page of a lease, property closing papers, or utility bill if it has the parent/guardian's correct name and address (dated within two months). If your child is not a resident of the Eden Prairie School District, please also complete the Open Enrollment Application found at <u>edenpr.org/open-enrollment</u>.

# ( ) Early Childhood Screening

The state of Minnesota requires that all children be screened before they enter kindergarten. The screening is free. View current appointment availability online at <a href="mailto:edenpr.org/ECscreening">edenpr.org/ECscreening</a> or call 952-975-6940.

Questions? We're here to help! Contact our Welcome Center at 952-975-7008 or email Register4EP@edenpr.org

# Schools of Eden Prairie



From Early Childhood programs through high school, our district has a strong reputation for academic excellence, personalized opportunities for all students, and a supportive school community. This is what helps our students thrive both inside and outside of the classroom. We welcome you and your student as a part of the Eden Prairie Schools family, and we thank you for choosing us to lead your student on their exciting learning journey.

# **Little Eagles Preschool**

8100 School Road or 8040 Mitchell Road 952-975-6940 edenpr.org/preschool

# **Cedar Ridge Elementary**

8905 Braxton Drive
Main Phone: 952-975-7800
Attendance Line: 952-975-7801
Website: edenpr.org/CedarRidge
School Hours: 8:45 a.m. - 3:05 p.m.

# **Eagle Heights Spanish Immersion**

13400 Staring Lake Parkway Main Phone: 952-975-7700 Attendance Line: 952-975-7601 Website: edenpr.org/EagleHeights School Hours: 9:05 a.m. - 3:25 p.m.

# **Eden Lake Elementary**

12000 Anderson Lakes Parkway Main Line: 952-975-8400 Attendance Line: 952-975-8401 Website: edenpr.org/EdenLake School Hours: 9:25 a.m. - 3:45 p.m.

# **Forest Hills Elementary**

13708 Holly Road
Main Phone: 952-975-8600
Attendance Line: 952-975-8601
Website: edenpr.org/ForestHills
School Hours: 8:45 a.m. - 3:05 p.m.

# **Oak Point Elementary**

13400 Staring Lake Parkway
Main Phone: 952-975-7600
Attendance Line: 952-975-7601
Website: edenpr.org/OakPoint
School Hours: 9:05 a.m. - 3:25 p.m.

# **Prairie View Elementary**

17255 Peterborg Road Main Phone 952-975-8800 Attendance Line: 952-975-8801 Website: edenpr.org/PrairieView School Hours: 9:25 a.m. - 3:45 p.m.

# **Central Middle School**

8025 School Road Main Phone: 952-975-7300 Attendance Line: 952-975-7301 Website: edenpr.org/CMS School Hours: 7:50 a.m. - 2:17 p.m.

# **Eden Prairie High School**

17185 Valley View Road Main Phone: 952-975-8000 Attendance Line: 952-975-8001 Website: edenpr.org/EPHS School Hours: 7:50 a.m. - 2:35 p.m.

# **TASSEL Transition Program**

8040 Mitchell Road 952-975-6930 Website: edenpr.org/TASSEL

# Get ready for 2020-21 Kindergarten

# Registration now open!

Visit edenpr.org/kindergarten





Look inside for important enrollment information and need-to-know parent details

# Follow us on social media:







@EPS272

EdenPrairieSchools

If your child will not be attending kindergarten in EP next fall, please call us at 952-975-7008.

# EDEN PRAIRIE SCHOOLS

8100 School Road Eden Prairie, MN 55344 952-975-7000