



April 1, 2019

Dear Homeschool Parent:

As a reminder, the school district ONLY requires the following to register your Child as homeschooled in this district:

**The Compulsory Report Form** (Full Report) should be sent to my office if your child is starting homeschool, Or is either age 12 OR starting 7th grade. (Letter of Intent to Continue) should be sent to my office if your child is continuing homeschool into the 2019-2020 school year. Any changes to your child's homeschool status can be done via email or letter to the district, but **must be submitted by September 15th, 2019.**

**Updated Immunization Form** is required if your child is starting 7th grade OR entering homeschool at the required compulsory starting at the age of 7.

**Nationally Norm-Referenced Test:** You are still required under the MN statute 1.2A.22 subdivision 11 to give your child a nationally norm-referenced standardized test. The school district only requires the name of the test that will be administered, not the results of the test. In your September reports, please indicate the name of the test that you are intending to administer to your child. The school district cannot dictate which test you must use but must be in agreement with you on the appropriateness of the test.

**Driver Education:** The district is no longer required to issue a letter from the superintendent's office verifying homeschool status for the purposes of starting driver's education; rather the Department of Transportation has the authority to verify your homeschool status with the school district.

**For textbook funds eligibility:** please complete the MDE Homeschool form along with the Registration Forms and return to our office by September 15, 2019. **If received after September 15, your request for reimbursement cannot be honored.**

Other changes that occurred with the Omnibus Bill in 2011 are: Quarterly Report Card submission to the school district is no longer required for parents without a college degree. Visits from the school district are also no longer a requirement. If you do intend to enroll your child into a public school, you will be required to submit documentation of the coursework, your school calendar, and standardized assessments so that the grade placement and/or public-school diploma is desired. As a reminder you will have to provide the type of documentation in the rare case of a child protection matter brought to the county; so, it is best for your protection to maintain this documentation anyway.

If you have any questions regarding Minnesota's homeschool policy, contact Cindy Jackson with the Minnesota Department of Education (MDE) at 651-582-8572. Any questions regarding homeschool registration with Eden Prairie School District contact Mel Owen at 952-975-7043.

For information regarding graduation standards or transferring credits to Eden Prairie High School, please call the Guidance Department at 952-975-8000.

Sincerely,

Mary Waters-Cryer, Director of Related Services, Eden Prairie Schools

## Nonpublic Schools, including Homeschools, Unaccredited by a Minnesota-recognized Accrediting Agency Full Report

The person or nonpublic school in charge of providing instruction to a child must submit a full report to the superintendent of the school district where the child resides. Please **do not** mail to the Minnesota Department of Education. Complete the information using this form or a written or electronic format of your choice. You will submit a Letter of Intent to Continue to Provide Instruction by October 1 in subsequent years.

Per [Minnesota Statutes, section 120A.24, subdivision 1](#), information in the full report must be submitted:

- By October 1 of the first school year the child receives instruction after reaching the age of 7;
- Within 15 days of when a parent withdraws a child from public school after age 7 to provide instruction in a nonpublic school that is not accredited by a state-recognized accredited agency;
- Within 15 days of moving out of a district; and,
- By October 1 after a new resident district is established.

### Instructors

#### Primary Instructor Contact Information

Full Legal Name (Last, First, Middle)	
Street Address (No P.O. Box)	
Home Phone (Including Area Code)	
Other Phone (Including Area Code)	
Email Address	

#### Secondary Instructor Contact Information

Full Legal Name (Last, First, Middle)	
Street Address (No P.O. Box)	
Home Phone (Including Area Code)	
Other Phone (Including Area Code)	
Email Address	

## Evidence of Instructor Qualifications

A person who is providing instruction to a child must meet at least one of the following requirements per [Minnesota Statutes, section 120A.22, subdivision 10](#):

- ☐The instructor holds a valid Minnesota teaching license in the field and for the grade level taught (attach a copy of the license).
- ☐The instructor is directly supervised by a person holding a valid Minnesota license (attach a copy of the license).
- ☐The instructor has successfully completed a teacher competency examination.
- ☐The instructor holds a baccalaureate degree (attach a copy of diploma/degree).
- ☐The instructor is the parent, guardian or other person having legal custody of a child who is assessed according to the procedures in [Minnesota Statutes, section 120A.22, subdivision 11](#).

## Accreditation

Is the nonpublic school accredited by an accrediting agency recognized by the Minnesota Nonpublic Education Council?  
If yes, please complete the table below.

- ☐Yes                      ☐No

Name of Accrediting Agency	Dates of Accreditation Term

## Students

Attach immunization records or notarized statement of conscientious objection for each student. Update immunization information when each student reaches 7th grade (age 12). (Add additional sheets, as needed.)

Student(s) Full Legal Name	Date of Birth (mm/dd/yyyy)	Grade Level	Address

## Proposed Annual Nationally Normed Achievement Test Plan

Instructors and superintendent must mutually agree on the proposed annual nationally normed achievement test(s). Iowa Test of Basic Skills, Iowa Tests of Education Development and Stanford Achievement Tests are available from the [University of Minnesota Statewide Testing Program](#), 612-626-0006. High school students may also consider the [ACT](#) college admissions test.

Nationally Normed Achievement Test	Student Name and Grade	Name of Test Administrator	Test Location	DISTRICT USE Superintendent AGREES to this plan for the student(s) in the years specified	DISTRICT USE Superintendent DOES NOT AGREE: contact instructor immediately
Iowa Test of Basic Skills (ITBS), Grades K-8					
Iowa Tests of Educational Development (ITED), Grades 9-12					
Stanford Achievement Test (SAT-10), Grades K-12					
Other:					

## Maintaining and Submitting Documentation and Scores

Per [Minnesota Statutes, section 120A.24, subdivision 2](#), the person or nonpublic school in charge of providing instruction to a child must maintain documentation indicating that the subjects required in section [120A.22, subdivision 9](#), are being taught and proof that the tests under section [120A.22, subdivision 11](#), have been administered. This documentation must include class schedules, copies of materials used for instruction, and descriptions of methods used to assess student achievement.

The parent of a child who enrolls full time in public school after having been enrolled in a nonpublic school that is not accredited by a state-recognized accrediting agency must provide the enrolling public school or school district with the child's scores on any tests administered to the child under section [120A.22, subdivision 11](#), and other education-related documents the enrolling school or district requires to determine where the child is placed in school and what course requirements apply. This paragraph does not apply to a shared time student who does not seek a public school diploma.

The person or nonpublic school in charge of providing instruction to a child must make the documentation in this subdivision available to the county attorney when a case is commenced under section [120A.26, subdivision 5](#); chapter 260C; or when diverted under chapter 260A.

## Signature

Instructor Signature: \_\_\_\_\_

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

## Letter of Intent to Continue to Provide Instruction

Per [Minnesota Statutes, section 120A.24, subdivision 1\(b\)](#), the person or nonpublic school in charge of providing instruction to a child between the ages of seven and 16 through 17 for which an initial report was filed pursuant to this subdivision must submit, by October 1 of each school year, a letter of intent to continue to provide instruction under this section for all students under the person's or school's supervision and any changes to the child's name, birthday, address of the child and the annual tests intended to be administered.

Complete the information using this form or a written or electronic format of your choice. If you have moved, you must file a new [Nonpublic Schools, Including Homeschools, Unaccredited by a Minnesota-recognized Accrediting Agency Full Report](#). Information in the Letter of Intent must be submitted to [the school district](#) by October 1 of each year after a Full Report has been filed in the same district. Please do NOT mail the letter of intent to the Minnesota Department of Education.

Date of Letter of Intent to Continue to Provide Instruction (mm/dd/yyyy): \_\_\_\_\_

Date Full Report was filed with this School District (mm/dd/yyyy): \_\_\_\_\_

Full Legal Name of Instructor (Last, First, Middle): \_\_\_\_\_

**This letter indicates my intent to continue to provide instruction in the current school year.**

☐ **I DO NOT** have changes to the information provided in the Full Report or communicated in a previous Letter of Intent to Continue to Provide Instruction.

☐ **I DO** have changes to information provided in the Full Report, and have updated the information as follows:

☐ I have added students or student contact information has changed. (*Update 'New Students or Updated Student Information' on page 2 and 'Proposed Testing Plan' on page 3. Attach immunization records or notarized conscientious objection statement.*)

☐ The proposed annual nationally normed achievement-testing plan for one or more students has changed. (*Complete 'Proposed Testing Plan' on page 3.*)

☐ Student is now in 7<sup>th</sup> grade and/or age 12. (*Provide student's name and date of birth below. Attach updated immunization records or notarized conscientious objection statement.*)

☐ I have discontinued instructing student(s) previously reported. (*Update 'Student(s) No Longer Being Instructed' in the table below.*)

☐ My primary instructor qualifications changed. (*Attach explanation and documentation as required in the Full Report.*)

☐ My primary or secondary instructor contact information changed. (*Update 'Instructor Contact Information' below.*)

☐ We are no longer accredited by an agency recognized by the [Minnesota Nonpublic Education Council](#).

☐ We are newly accredited by an agency recognized by the [Minnesota Nonpublic Education Council](#). (Update 'Accrediting Agency Information' below.)

#### New Student(s) or Updated Student Information

Student(s) Full Legal Name	Date of Birth (mm/dd/yyyy)	Grade Level	Address

#### Student(s) No Longer Being Instructed

Student(s) Full Legal Name	Date of Birth (mm/dd/yyyy)	Grade Level	Address

#### Instructor Contact Information

Instructor Role	Full Legal Name (Last, First, Middle)	Street Address	Phone Number (including area code)	Email Address
Primary Instructor				
Secondary Instructor (if applicable)				

#### Accrediting Agency Information

Name of Accrediting Agency	Dates of Accreditation Term

#### Proposed Annual Nationally Normed Achievement Test Plan

Instructors and superintendent must mutually agree on the proposed annual nationally normed achievement test(s). Iowa Test of Basic Skills, Iowa Tests of Education Development and Stanford Achievement Tests are available from the [University of Minnesota Statewide Testing Program](#), (612) 626-0006. High school students may also consider the [ACT](#) college admissions test.

Nationally Normed Achievement Test	Student Name and Grade	Name of Test Administrator	Test Location	DISTRICT USE Superintendent AGREES to this plan for the student(s) in the years specified	DISTRICT USE Superintendent DOES NOT AGREE: contact instructor immediately
Iowa Test of Basic Skills (ITBS), Grades K-8					
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Stanford Achievement Test (SAT-10), Grades K-12					
Other:					

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The parent of a child who enrolls full time in public school after having been enrolled in a nonpublic school that is not accredited by a state-recognized accrediting agency must provide the enrolling public school or school district with the child's scores on any tests administered to the child under section [120A.22, subdivision 11](#), and other education-related documents the enrolling school or district requires to determine where the child is placed in school and what course requirements apply. This paragraph does not apply to a shared time student who does not seek a public school diploma.

The person or nonpublic school in charge of providing instruction to a child must make the documentation in this subdivision available to the county attorney when a case is commenced under section [120A.26, subdivision 5](#); chapter 260C; or when diverted under chapter 260A.

**Print Name of Person Submitting this Letter:** \_\_\_\_\_

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

**Date (mm/dd/yyyy):** \_\_\_\_\_

## Alternative Form to Determine Eligibility for Federal Education Funding 2018-19

(School does not participate in the federal meal program)

**Please Print**

Parent Name:

Address:

City:

ZIP:

Phone:

School:

**Children:** Write the names of children attending this school. If you need more space, continue on the back of this form.

Name:	Grade:	Is he/she a Foster child?	Yes	No
Name:	Grade:	Is he/she a Foster child?	Yes	No
Name:	Grade:	Is he/she a Foster child?	Yes	No
Name:	Grade:	Is he/she a Foster child?	Yes	No

### Total Household Income – Maximum

1. **Circle your household size** (all adults and children living with you) in the first column.
2. **Circle your maximum household income** (from the corresponding income column).

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week	Our Income is More
1	\$22,460	\$1,873	\$ 937	\$ 865	\$ 433	Yes
2	\$30,452	\$2,539	\$1,270	\$1,173	\$ 587	Yes
3	\$38,444	\$3,205	\$1,603	\$1,480	\$ 741	Yes
4	\$46,436	\$3,871	\$1,936	\$1,787	\$ 894	Yes
5	\$54,428	\$4,537	\$2,269	\$2,095	\$1,048	Yes
6	\$62,420	\$5,203	\$2,602	\$2,402	\$1,202	Yes
7	\$70,412	\$5,869	\$2,935	\$2,710	\$1,356	Yes
8	\$78,404	\$6,535	\$3,268	\$3,017	\$1,509	Yes
For each additional household member, add:	\$ 7,992	\$ 666	\$ 333	\$ 308	\$ 154	

3. Are you receiving assistance from:

- |   |     |    |
|---|-----|----|
| a. Minnesota Family Investment Plan (MFIP)          | Yes | No |
| b. Supplemental Nutrition Assistance Program (SNAP) | Yes | No |

**Verification:** Federal Program auditors may request documentation of this information at any time during the school year.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your help!



Minnesota Department of <b>Education</b>	Division of School Finance 1500 Highway 36 West Roseville, MN 55113-4266	<b>STUDENT REPORT FOR AIDS TO NONPUBLIC STUDENTS</b>	ED-01650-29 DUE: 10/15/2017
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**GENERAL INFORMATION AND INSTRUCTIONS:** This form must be completed at the nonpublic school level and filed with the public school district offices coordinating the program by **October 1, 2017**. A copy is to be sent by the local public school district to the Minnesota Department of Education, Division of School Finance at the above address by **October 15, 2017**. **THIS FORM MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED VALID.**

### NONPUBLIC SCHOOL IDENTIFICATION INFORMATION

Nonpublic School Name:		Nonpublic School Number:	
Public School District Number:		Address of Nonpublic School:	
City:		Zip Code:	
Name of Nonpublic School Principal:		Telephone Number:	
Email Address:		Name of Nonpublic School Contact Person (if other than above):	
Telephone Number:		Email Address:	
Location at which Student Request Forms are filed (if other than above):		Name of Program Administrator in Local Public School District:	
Telephone Number:		Email Address:	

### PARTICIPATION OF ELIGIBLE PUPILS

THE NUMBERS OF STUDENTS REPORTED BELOW ARE BASED ON (Check One):

- ☐ ESTIMATED COUNTS  
☐ ACTUAL COUNTS

For each Program Element in which you wish to participate, provide the number of students, by student grade level, that are eligible to receive service. To be eligible, the students must be enrolled on or before September 15, and must request (in writing) the service desired. Weight each student count as indicated and enter totals for each Program Element. If there are no requests for a service, or if a service will not be offered, please indicate nonparticipation by checking the box provided.

PROGRAM ELEMENT	STUDENT GRADE LEVEL	NUMBER OF STUDENTS	WEIGHTING FACTOR	WEIGHTED TOTAL OF ELIGIBLE STUDENTS
<b>TEXTBOOKS, INDIVIDUALIZED INSTRUCTIONAL MATERIALS AND STANDARDIZED TESTS</b>  <input type="checkbox"/> <b>NONPARTICIPATION:</b> The nonpublic school identified above does <b>NOT</b> wish to participate in this program element.  <b>*All day/Everyday ONLY</b>	PT KGN		X 0.5	
	FT KGN*		X 1.0	
	1 - 6		X 1.0	
	7 - 12		X 1.0	
	<b>TOTAL</b>			
<b>HEALTH SERVICES</b>  <input type="checkbox"/> <b>NONPARTICIPATION:</b> The nonpublic school identified above does <b>NOT</b> wish to participate in this program element.  <b>*All day/Everyday ONLY</b>	PT KGN		X 0.5	
	FT KGN*		X 1.0	
	1-6		X 1.0	
	7-12		X 1.0	
	<b>TOTAL</b>			

<b>Guidance/Counseling (Number of Participants by Grade Level)</b>  <input type="checkbox"/> <b>NONPARTICIPATION:</b>  The nonpublic school identified above does <b>NOT</b> wish to participate in this program element.	7	8	9	10	11	12	<b>TOTAL: 7-12</b>

### CERTIFICATION

I hereby certify that the students reported above meet the conditions of eligibility as prescribed by Minnesota Statutes 123B.40 – 123B.48, and that the above school is located within a public school district in which the public schools provide the services indicated to students of the same grade levels. All of the information provided above is true and correct to the best of my belief and knowledge.

Signature – Head of School/Responsibility

Date

Student's Name: Date of Birth: Student Number: 

For School Use Only:

- ☐ Complete; Booster required in \_\_\_\_\_
- ☐ In Process; 8 mos. expires \_\_\_\_\_
- ☐ Medical Exemption for \_\_\_\_\_
- ☐ Conscientious Objection for \_\_\_\_\_
- ☐ Parent/Guardian Consent \_\_\_\_\_

Submit your child's current immunization record at time of registration.

## OPTIONS TO SUBMIT IMMUNIZATION RECORDS:

1. Ask your clinic to fax immunization records to Central Registration at 952-975-7026
2. Ask your clinic to provide you with a copy of the immunization record and attach it to this form OR
3. Complete this form with dates of immunization.

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

**Parent/Guardian:** You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

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

Type of vaccine DO NOT USE (✓) or (x)	1st Dose MO/Day/Yr	2nd Dose MO/Day/Yr	3rd Dose MO/Day/Yr	4th Dose MO/Day/Yr	5th Dose MO/Day/Yr
<b>Required (The shaded boxes indicate dose that are not routinely given; however, if your child has received them, please write the date in the shaded box.)</b>					
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT) • for children age 6 years and younger • final dose on or after age 4 years					
				5th dose not required if 4th dose was given on or after the 4th birthday	
Tetanus and Diphtheria (Td) • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above					
Tetanus, Diphtheria and Pertussis (Tdap) • for children in 7th - 12th grade					
Polio (IPV, OPV) • final dose on or after age 4 years					
				4th dose not required if 3rd dose was given on or after the 4th birthday	
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday					
Hepatitis B (hep B)					
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required					
Meningococcal (MCV, MPSV) • for children in 7th - 12th grade • booster given at age 16 years					
<b>Recommended</b>					
Human Papillomavirus (HPV)					
Hepatitis A (hep A)					
Influenza (annually for children 6 months and older)					

## Additional Exemptions:

- Children 7 years of age and older: A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- Students in grades 7-12: A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- Students 11-15 years of age: a 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- Students 18 years of age or older: Do not need polio vaccine.



## Student Immunization Form

Student's Name: 

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

## 1. Certify Immunization Status. Complete A or B to indicate child's immunization status

**A. Received all required immunizations:**

I certify that this student has received all immunizations required by law.

**B. Will complete required immunizations within the next 8 months:**

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.

The dates on which the remaining doses are to be given are:

Signature of Parent/Guardian or Physician/Public Clinic	Date	Signature of Physician/Public Clinic	Date

## 2. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption

**A. Medical exemption:**

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

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

**B. Conscientious exemption:**

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

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

Signature of physician/nurse practitioner/physician assistant	Date	Signature of parent/legal guardian	Date
*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year).		Subscribed and sworn to before me this _____ day of _____ 20____	
Signature of physician/nurse practitioner/physician assistant (if disease occurred before September 2010, a parent can sign.)		Signature of notary	

## 3. Parental/Guardian Consent to Share Immunization Information (optional)

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

I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system.

Signature of parent or legal guardian	Date



EDEN PRAIRIE SCHOOLS

## Shared -Time Students

To be filled out and returned if student intends to take classes or receive services from public schools.

### Student Information:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name, First Name, Middle Name      Birthdate      Grade Level

\_\_\_\_\_  
House Number      Street Name      Apt/Unit #      City      State      Zip Code

### Head of the Household Name:

\_\_\_\_\_  
Last Name, First Name, Middle Initial      Relationship to Student      Home Phone

### School Servicing Student:

\_\_\_\_\_

### Services/Classes Student Will be Receiving/Attending:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Additional phone numbers where parent/guardian can be reached in case of emergency

\_\_\_\_\_  
Last Name, First Name, Middle Initial      Relationship to Student      Phone



EDEN PRAIRIE SCHOOLS

# **Request Form for District Pupil Health Services**

For School Year Ending June 2020

The State of Minnesota has authorized local public-school districts to allow pupils attending a nonpublic school (including home schools), established and operating within the school district boundaries, access to the existing district Pupil Health Services program. These services must be requested by, or on behalf of the pupil **no later than September 15, 2019.**

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**Last Name, First Name, Middle Initial (Pupil)**

**Grade Level**

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**Name of School**

Please Indicate, by placing and "X" in the appropriate box below, whether or not you request these items this school year.

☐

**I do** request that the district's Pupil Health Services program be made available to the above pupil this school year.

☐

**I do not** wish to request Pupil Health Services this school year.



EDEN PRAIRIE SCHOOLS

# **Request Form for District Secondary Guidance/ Counseling Services**

For School Year Ending June 2020

The State of Minnesota has authorized local public-school districts to allow pupils attending a nonpublic school (including home schools), established and operating within the school district boundaries, access to the existing district Secondary Pupil Guidance and Counseling Services. These services must be requested by, on behalf of the pupil, **no later than September 15, 2019.**

---

**Last Name, First Name, Middle Initial (Pupil)**

**Grade Level**

---

**Name of School**

Please Indicate, by placing and "X" in the appropriate box below, whether or not you request these items this school year

☐

**I do** request that the district's Secondary Pupil Guidance and Counseling be made available to the above pupil this school year.

☐

**I do not** wish to request Secondary Pupil Guidance and Counseling Services this school year

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**Signature of Pupil, Parent/Guardian**

**Date**



MINNESOTA DEPARTMENT OF PUBLIC SAFETY

DRIVER AND VEHICLE SERVICES

445 Minnesota St., Saint Paul, MN 55101

Phone: (651) 201-7626 TTY: (651) 282-6555

dvs.dps.mn.gov

## Home School Driver's Education Affidavit

**Print the completed form and either mail it to Driver and Vehicle Services, 445 Minnesota Street, Suite 176, St. Paul, Minnesota 55101-5176 or fax it to (651) 296-5316.**

**This affidavit cannot be accepted more than 30 days before your child's 15<sup>th</sup> birthday.**

I certify that my child is currently receiving full-time instruction in a home school within the meaning of Minnesota Statutes, sections [120A.22](#) and [120A.24](#), and is working toward a home school diploma, and has completed a minimum of 30 hours of driver training classroom instruction using materials approved by the commissioner of public safety pursuant to Minnesota Statutes, section [171.05](#).

Student's Full Legal Name: \_\_\_\_\_  
First Middle Last

Student's Date of Birth: \_\_\_\_\_

Name of approved classroom materials used: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of School District: \_\_\_\_\_

School District Phone Number: \_\_\_\_\_

I consent to the verification of the above-mentioned student's home school status with the above-mentioned resident school district by telephone or other electronic means. I acknowledge that making false statements in this document is unlawful and is subject to sanctions pursuant to Minnesota Statutes, sections [171.17](#), [171.22](#) and other relevant laws.

Parent's Signature \_\_\_\_\_

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

For office use only:  
Date processed: \_\_\_\_\_  
Approved by: \_\_\_\_\_