Osseo Area Schools



2020-2021 TUITION-FREE PRE-KINDERGARTEN Open Enrollment School Choice Application

Send this application to:

Enrollment Center ISD 279 - Osseo Area Schools 7051 Brooklyn Boulevard Brooklyn Center, MN 55429

Fax: (763) 585-7368

Email: enrollmentcenter@district279.org

All students applying for open enrollment will be entered on the waitlist. If space becomes available, you will be contacted on September 15, 2020 or later by phone.

?

If you need help with this application, please call (763) 585-7350.

Si necesita ayuda en español para llenar esta forma, por favor llame al siguiente número de teléfono: (763) 549-2444.

Yog koj xav tau kev pab los yog muaj lus nug txog daim ntawv no, thov hu rau tus xov tooj (763) 585-7320.

THIS PACKET IS FOR:

This packet is for families who want their prekindergarten student to attend one of our tuition-free pre-kindergarten schools that is <u>not</u> their attendance area school. An application is required for each student because space is limited and demand is higher than the number of spaces available. Note: The student must be 4 by September 1st, 2020.

Every residence in Osseo Area Schools is assigned an elementary, middle, and senior high school. An attendance area is a geographic area surrounding a school. Attendance areas optimize enrollment for each school in our district. Note: Birch Grove Elementary does not have an attendance area.

TRANSPORTATION for Tuition-Free Pre-K

When students are approved to attend a school outside of their assigned attendance area school, transportation is the responsibility of the biological parent/legal guardian. However, transportation may be provided from an existing bus stop that serves the approved school under the following conditions:

- 1. The student registers for bus service each school year and is approved to use an existing bus stop.
- 2. Space is available on existing bus routes.
- 3. Biological parents/legal guardians accept ultimate responsibility for ensuring that their student can get safely to and from the assigned bus stop.

<u>Note</u>: Existing bus stops are located within each school's attendance area and are not guaranteed to be in a convenient location for your student. From time to time, enrollments change, bus routes change, and available seats on bus routes change.

Consider your options carefully if your student is dependent upon District transportation to attend school.

TO BEGIN THE APPLICATION PROCESS, PLEASE FOLLOW THESE STEPS:

- Determine your Attendance Area School by using the **DISTRICT MAP** at www.district279.org, or by contacting the Enrollment Center at (763) 585-7350 or enrollmentcenter@district279.org.
- 2 Complete the application attached to this packet. An application must be completed for each student who wishes to attend a tuition-free pre-kindergarten school.

APPROVAL GUIDELINES

The highest priority for enrollments into tuition-free pre-kindergarten classes is for students who live inside the attendance area of the elementary school offering tuition-free pre-kindergarten classes. Priority is given in the following order.

Students living inside the tuition-free pre-kindergarten school's attendance area

- 1) Sibling if the student's sibling already attends the school
- 2) Childcare if the student's childcare is in the attendance area of the school
- 3) Employee if the student's biological parent/legal guardian is an employee of District 279

Students living inside the attendance area of another tuition-free pre-kindergarten school in our district

- 1) Sibling if the student's sibling already attends the school
- 2) Childcare if the student's childcare is in the attendance area of the school
- 3) Employee if the student's biological parent/legal guardian is an employee of District 279

Students living outside the attendance area of the tuition-free pre-kindergarten schools or are a non-resident

- 1) Sibling if the student's sibling already attends the school
- 2) Childcare if the student's childcare is in the attendance area of the school
- 3) Employee if the student's biological parent/legal guardian is an employee of District 279

Tuition-Free Pre-Kindergarten Attendance Area School Application

Elementary Schools

SCHOOLS	START/END TIME
Crest View Elementary Tuition-Free Pre-K 8200 Zane Avenue North Brooklyn Park, MN 55443	Morning ► 8:50 a.m 11:20 a.m. Afternoon ► 12:50 p.m - 3:20 p.m.
Edinbrook Elementary Tuition-Free Pre-K 8925 Zane Avenue North Brooklyn Park, MN 55443	Morning ► 8:50 a.m 11:20 a.m. Afternoon ► 12:50 p.m - 3:20 p.m.
Fair Oaks Elementary Tuition-Free Pre-K 5600 65th Avenue North Brooklyn Park, MN 55429	Morning ► 9:30 a.m noon Afternoon ► 1:30 p.m - 4:00 p.m.
Garden City Elementary Tuition-Free Pre-K 3501 65th Avenue North Brooklyn Center, MN 55429	Morning ► 9:30 a.m noon Afternoon ► 1:30 p.m - 4:00 p.m.
Palmer Lake Elementary Tuition-Free Pre-K 7300 West Palmer Lake Dr. Brooklyn Park, MN 55429	Morning ► 8:50 a.m 11:20 a.m. Afternoon ► 12:50 p.m - 3:20 p.m.
Park Brook Elementary Tuition-Free Pre-K 7400 Hampshire Avenue N. Brooklyn Park, MN 55428	Morning ► 8:50 a.m 11:20 a.m. Afternoon ► 12:50 p.m - 3:20 p.m.
Zanewood Elementary Tuition-Free Pre-K 7000 Zane Avenue North Brooklyn Park, MN 55429	Morning ► 9:30 a.m noon Afternoon ► 1:30 p.m - 4:00 p.m.
Note: If you are interested in attending Birch Grove School for the Arts, please apply through MAGNET SCHOOL CHOICE.	North West Suburban Integration School District's website is: NWS.K12.MN.US

2020-2021 Tuition-Free Pre-Kindergarten Open Enrollment School Choice Application

I cacl Nom							All students applying for
Legal Nam							open enrollment will be
EXACTLY AS IT APPI ON BIRTH CERTIFICA OTHER LEGAL DOCU	ATE OR JMENT Last (family)		First		N	iddle	entered on the waitlist.
Complex	7 m	Dinth Date			App	lying	<u>If</u> space becomes
Gender: L	Male Female	Birth Date: STUDENT MUST BE AGE 4 ON OR BEFORE			For		available, you will be
		ON OR BEFORE SEPTEMBER 1st	Month Day	Yea	r Gra	de:	contacted on
Current or	Last School Attend	led:		F	Requested	Start Date:	
					Month /	Day / Year	September 15, 2020 or
						,	later by phone.
Z. APPLI	ICATION INFORMA	ATION FOR TWI	NS				
	ing twin or triplet set						
application	ns as a family. <u>NOTE</u>	: An application	is needed for	both twins	s or all se	s of triplets.	
							If you need help with this application, please call
Siblings applying to the same school (List more on back if necessary):							(763) 585-7350.
Sibling Name					Birth Date		. ,
Last (family)		First	Mide	dle Initial	Month	Day Year	Si necesita ayuda en español para Ilenar esta forma, por favor llame al
					1	1	siguiente número de teléfono: (763) 549-2444.
					1	1	Yog koj xav tau kev pab los yog muaj
							lus nug txog daim ntawv no, thov hu
3. Ѕсно	OL CHOICE - List	school choices in	order of pref	er-			rau tus xov tooj (763) 585-7320.
						orning session	
1 st	2 nd		3 rd			ternoon session	Send this application to:
	_		3			her session	
					IS	acceptable	Enrollment Center ISD 279 - Osseo Area Schools
This stud	lent has a sibling th	at will be attendin	g the school	listed abo	ve in 2020	-2021:	7051 Brooklyn Boulevard
Sibling Nam	ie				Birth Date		Brooklyn Center, MN 55429
Last (family)		First	Mid	dle Initial	Month	Day Year	Fax: (763) 585-7368
					/	1	
							Email: enrollmentcenter@district279.org
				41			
This stud	lent has a childcare	provider in the at	tendance area	or the sc	:hool:		
Daycare	lent has a childcare	provider in the at		,	chool:		FOR OFFICE USE ONLY:
	lent has a childcare	provider in the at	tendance area	: ()	-	FOR OFFICE USE ONLY:
Daycare Provider	lent has a childcare	provider in the at		,)	-	
Daycare Provider		provider in the at		: ()	-	FOR OFFICE USE ONLY:
Daycare Provider Name:		provider in the at		: ()	- Apt.	DATE RECEIVED
Daycare Provider Name:		provider in the at		: ()	- Apt.	
Daycare Provider Name:		provider in the at		: ()	- Apt.	DATE RECEIVED STUDENT ID#
Daycare Provider Name:		provider in the at	Telephone	: ()	- Apt. Zip Code	DATE RECEIVED
Daycare Provider Name: Address:	Number and Street City		Telephone	: (Area Co) ode		DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A)
Daycare Provider Name: Address:	Number and Street		Telephone	: (Area Co) ode		DATE RECEIVED STUDENT ID#
Daycare Provider Name: Address:	Number and Street City		Telephone	: (Area Co) ode		DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A)
Daycare Provider Name: Address: 4. E Biological parent/legal guardian	Number and Street City BIOLOGICAL PARE		Telephone	: (Area Co) ode	Zip Code	DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A)
Daycare Provider Name: Address: 4. Biological parent/legal	Number and Street City		Telephone	: (Area Co) ode		DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A) SIBLING PRIORITY (ID #)
Daycare Provider Name: Address: 4. E Biological parent/legal guardian	Number and Street City BIOLOGICAL PARE		Telephone	: (Area Co) ode	Zip Code	DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A) SIBLING PRIORITY (ID #)
Daycare Provider Name: Address: Address: Biological parent/legal guardian Name:	Number and Street City BIOLOGICAL PARE		Telephone	: (Area Co) ode	Zip Code	DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A) SIBLING PRIORITY (ID #) CHILDCARE PRIORITY (C/A AND A/A)
Daycare Provider Name: Address: 4. E Biological parent/legal guardian Name:	Number and Street City BIOLOGICAL PARE Last (family)		Telephone	: (Area Co) ode	Zip Code M.I.	DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A) SIBLING PRIORITY (ID #) CHILDCARE PRIORITY (C/A AND A/A)
Daycare Provider Name: Address: 4. E Biological parent/legal guardian Name:	Number and Street City BIOLOGICAL PARE Last (family) Number and Street		Telephone RDIAN INFO	State) ode	Zip Code M.I. Apt.	DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A) SIBLING PRIORITY (ID #) CHILDCARE PRIORITY (C/A AND A/A) EMPLOYEE PRIORITY (NAME)
Daycare Provider Name: Address: Address: Biological parent/legal guardian Name:	Number and Street City BIOLOGICAL PARE Last (family) Number and Street City		Telephone RDIAN INFO	: (Area Co) ode	Zip Code M.I.	DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A) SIBLING PRIORITY (ID #) CHILDCARE PRIORITY (C/A AND A/A)
Daycare Provider Name: Address: Address: Biological parent/legal guardian Name:	Number and Street City BIOLOGICAL PARE Last (family) Number and Street		Telephone RDIAN INFO	State) ode	Zip Code M.I. Apt.	DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A) SIBLING PRIORITY (ID #) CHILDCARE PRIORITY (C/A AND A/A) EMPLOYEE PRIORITY (NAME)
Daycare Provider Name: Address: Address: Biological parent/legal guardian Name:	Number and Street City BIOLOGICAL PARE Last (family) Number and Street City Primary		Telephone RDIAN INFO	State) ode	Zip Code M.I. Apt.	DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A) SIBLING PRIORITY (ID #) CHILDCARE PRIORITY (C/A AND A/A) EMPLOYEE PRIORITY (NAME)
Daycare Provider Name: Address: 4. E Biological parent/legal guardian Name: Address:	Number and Street City BIOLOGICAL PARE Last (family) Number and Street City Primary		Telephone RDIAN INFO	State) ode	Zip Code M.I. Apt.	DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A) SIBLING PRIORITY (ID #) CHILDCARE PRIORITY (C/A AND A/A) EMPLOYEE PRIORITY (NAME)
Daycare Provider Name: Address: Address: Biological parent/legal guardian Name: Address: Telephone	Number and Street City BIOLOGICAL PARE Last (family) Number and Street City Primary C: ()	ENT/LEGAL GUA	Telephone RDIAN INFO First Alternate () Area Code	State) ode	Zip Code M.I. Apt.	DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A) SIBLING PRIORITY (ID #) CHILDCARE PRIORITY (C/A AND A/A) EMPLOYEE PRIORITY (NAME)
Daycare Provider Name: Address: Address: Biological parent/legal guardian Name: Address: Telephone	Number and Street City BIOLOGICAL PARE Last (family) Number and Street City Primary City Primary Area Code t's biological parent/legal	ENT/LEGAL GUA	Telephone RDIAN INFO First Alternate () Area Code	State RMATION State) ode	Zip Code M.I. Apt.	DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A) SIBLING PRIORITY (ID #) CHILDCARE PRIORITY (C/A AND A/A) EMPLOYEE PRIORITY (NAME)
Daycare Provider Name: Address: 4. Biological parent/legal guardian Name: Address: Telephone	Number and Street City BIOLOGICAL PARE Last (family) Number and Street City Primary City Primary Area Code t's biological parent/legal	ENT/LEGAL GUA	Telephone RDIAN INFO First Alternate () Area Code	State RMATION State) ode	Zip Code M.I. Apt.	DATE RECEIVED STUDENT ID# ASSIGNED SCHOOL (C/A AND A/A) SIBLING PRIORITY (ID #) CHILDCARE PRIORITY (C/A AND A/A) EMPLOYEE PRIORITY (NAME)