



MINNEAPOLIS PUBLIC SCHOOLS
Urban Education. Global Citizens.

EARLY ADMISSION TO KINDERGARTEN

2021-2022 Minneapolis Public Schools Request - Early Admission to Kindergarten Only

Student Last Name(s) _____ First Name _____ Middle Name _____

_____ Female _____ EAK
Birth Date (mo/day/yr) Male Birth Place (city & country) _____ Grade (2021-22) _____

- Preschool attended _____ City _____ State _____
 - If your child was not born in the U.S., what date did your child start school in the U.S.? (m/d/y) _____
 - Has your child ever participated in Minneapolis Public Schools Programming? Yes No
 - Do you believe your child qualifies for limited-income placement priority? Yes No (See page 2)
 - Is your child homeless or living in temporary housing? Yes No
 - Does your child receive special education services? Yes No IF YES: More / Less than 1/2 the day
 - Does your child have a serious health condition? Yes No IF YES: Is there a 504 plan Yes No
- > If yes, please describe: _____

My child speaks, understands or first learned a language other than English: Yes No
(All students new to MPS must complete a MN Language Survey) If yes, what language? _____

Student lives with: Both parents/guardians Mother Father Other: _____

Home address _____
_____ Street address _____ Apt # _____ City _____ State _____ Zip Code _____

Parent/Guardian 1: Last Name _____ First Name _____
 Mother Father Legal Guardian Other _____
Cell # _____ Home # _____ Email _____

Parent/Guardian 1: Last Name _____ First Name _____
 Mother Father Legal Guardian Other _____
Cell # _____ Home # _____ Email _____

- Does either parent/guardian work for Minneapolis Public Schools? Yes No
IF YES: Name: _____ Location: _____
- Is either parent/guardian an active member of the U.S. Armed Forces? Yes No

Emergency Contact _____ **Phone Number** _____

Parent/Guardian Signature: _____ **Date:** _____

By signing this document, I certify that the information contained above is true and correct to the best of my knowledge.

> DISTRICT POLICY REGARDING EAK

Consideration for Early Admission to Kindergarten is based on the following:

- The child must turn 5 between Sept 2 and Oct 31.
- A school must be selected based on availability AFTER age eligible students are placed.
- The child must successfully complete:
 - Early Childhood Screening (call 612.668.3715)
 - In-Class Observation at selected school
 - Academic Assessment administered by MPS Staff

> Student's Ethnic Information

- Is the student Hispanic/Latino? Yes No
(If yes, please also indicate a primary race above)
- Please indicate the student's **primary** race below:
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White
- Please indicate other races that apply:
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White

This Box for Office Use Only:

ECS _____ Student ID _____
Date Received _____
Notes _____
