2023-2024 School Assignment Appeal Process and Form for Kindergarten through Grade 12

While Minneapolis Public Schools makes every effort to place all students at their first requested school, schools and programs have limited capacity. Families wishing to appeal their child’s elementary, middle or high school assignment may do so based on the criteria listed below. The decisions of the Appeals Committee are final and will be honored by the Student Enrollment Department.

Appeals will be considered based on the following criteria:

- **Physical Health or Accessibility**: There is a documented, relevant reason why:
  - The student’s physical health or mental health can only be accommodated by the student attending, remaining at, or not attending a particular school; or
  - The school they are assigned to presents specific accessibility challenges.

- **Safety/Personal**: Parents provide documentation of significant ongoing safety and/or personal issues that could have an adverse impact a student’s capacity to thrive and succeed in the assigned school.

Parents wishing to appeal their school assignment can take the following steps:

1. Print and complete the appeal form (page two of this document):
   a. Include any supporting documentation.
   b. Share a detailed description of the situation and explain the specific reasons for the request.
2. Return the completed form:
   a. By email to AppealsCommittee@mpls.k12.mn.us;
   b. By fax to 612-668-1841;
   c. In person at the Enrollment Center, 1250 W. Broadway, Minneapolis 55411.
   d. Contact Enrollment Services with questions by calling 612-668-1840, emailing SPS.Department@mpls.k12.mn.us or visiting between 8:00 am to 4:30 pm.
3. Appeals will be accepted after March 15 and will be reviewed monthly by the Appeal Committee through June 2023.
4. Parents/guardians are encouraged to follow through with registration at their current assigned school/program while their appeal is being considered.

Next steps:

1. Changes in school assignment will be determined by an Appeals Committee made up of District department and school leaders across disciplines. Parents submitting an appeal should receive notification of the committee’s decisions within one month of submission.
2. When an appeal based on mental health related reasons is declined:
   - A Mental Health Support Specialist will be assigned to work with the student and family,
   - School-based mental health staff will work with families to develop a plan for meeting the student’s needs,
   - District Special Education Directors and the 504 Coordinator will be informed of concerns raised through mental health based appeals that are, or can be, addressed through an IEP or 504 plan.
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Kindergarten through Grade 12  
Appeals will be accepted after March 15 and will be reviewed monthly by the Appeal Committee through June 2023.

Student Last Name: ____________________________  Student First Name: ____________________________  Date of Birth: ______

MPS ID: __________  Grade in 23-24: ______  Current School: ____________________________

Phone: ____________________________  Alternate Phone: ____________________________

Parent/Guardian(s) Name(s): ____________________________

Home Address: __________________________________________  Zip code: __________

Parent Email: __________________________________________

Has there been a change in your home address since we received your initial school request?  ☐ Yes  ☐ No

Please list the school/s (and programs if applicable) listed on the student’s initial school request form:

1) School name: ____________________________  Program: ____________________________
2) School name: ____________________________  Program: ____________________________
3) School name: ____________________________  Program: ____________________________

Please list the school/program being requested in this appeal:

1) School name: ____________________________  Program (if applicable): ____________________________

REASONS FOR THE SCHOOL ASSIGNMENT APPEAL: (Please refer to the criteria listed above)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Attach any additional paperwork (limit two pages please) or supporting documentation.

Parent/Guardian Signature  Date  Student Signature (optional below gr. 6)  Date

FOR OFFICE USE:

Grade in 2022-2023: ________
Attendance Area Community School:
☐ Special Ed.  Fed. Set.________
☐ 504
☐ EL

Committee Decision:  ☐ Approve  ☐ Decline