



MINNEAPOLIS PUBLIC SCHOOLS  
Urban Education. Global Citizens.

# ALL GRADES SCHOOL REQUEST FORM

## 2024-2025 Minneapolis Public Schools Request - High 5 & Kindergarten through Grade 12

Student Last Name(s) First Name Middle Name

Birth Date (mo/day/yr)  Female  Male  Non-Binary Birth Place (city & country) Grade (2024-25)

Last school 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 been enrolled in Minneapolis Public Schools?  Yes  No
- Do you believe your child qualifies for Educational Benefits\*?  Yes  No
- Does your child receive special education services?  Yes  No IF YES:  More /  Less than ½ 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

**Are you or your child currently homeless or staying in a temporary or transitional living situation?**  Yes  No

**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.

### ➤ 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

### ➤ School Requests:

1<sup>st</sup> \_\_\_\_\_ / \_\_\_\_\_  
*First requested school Program (high school)*

\_\_\_\_\_  
*Name of sibling already attending this school Birth date*

2<sup>nd</sup> \_\_\_\_\_ / \_\_\_\_\_  
*Second requested school Program (high school)*

\_\_\_\_\_  
*Name of sibling already attending this school Birth date*

3<sup>rd</sup> \_\_\_\_\_ / \_\_\_\_\_  
*Second requested school Program (high school)*

\_\_\_\_\_  
*Name of sibling already attending this school Birth date*

### Staff to complete this box

Grade \_\_\_\_\_ Student ID \_\_\_\_\_

Attendance Area \_\_\_\_\_

Date Received \_\_\_\_\_

Notes \_\_\_\_\_

\*Educational Benefits, previously Free/Reduced Price Punch

