



ALL GRADES SCHOOL REQUEST FORM

2023-2024 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 (2023-24) _____

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) _____ ☐ Yes ☐ No
- Has your child ever been enrolled in Minneapolis Public Schools? ☐ Yes ☐ No
- Do you believe your child qualifies for limited-income placement priority *? ☐ Yes ☐ No (See page 2)
- Is your child homeless, living in temporary housing or live in a foster home? ☐ 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 _____

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.

This Box for Office Use Only:

Grade _____ Student ID _____

Attendance Area _____

Date Received _____

Notes _____

➤ 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:

1st _____ / _____
First requested school _____ Program (high school) _____

_____ Birth date _____
Name of sibling already attending this school

2nd _____ / _____
Second requested school _____ Program (high school) _____

_____ Birth date _____
Name of sibling already attending this school

3rd _____ / _____
Second requested school _____ Program (high school) _____

_____ Birth date _____
Name of sibling already attending this school

*Educational Benefits: Free/reduce-price lunch program

