



## APPLICATION FOR SHARED TIME ENROLLMENT

Shared Time students are students who attend a nonpublic, nonsectarian or home school but who for part of the school day are enrolled in classes at the public school district (maximum of three classes allowed).

If your student will be participating, please complete this application, sign and date, and mail to the address below as soon as possible.

Cindy Bruce  
Mounds View Public Schools  
350 Highway 96 West  
Shoreview, MN 55126

If you have not already done so, please contact the school you've requested to make enrollment arrangements as soon as possible. Please don't hesitate to call should you have questions – (651) 612-6013.

Student Name (Last, First, M.I.)		Birthdate (MM/DD/YY)		Current Grade	
Parent/Guardian Name (Last, First, M.I.)		Home Phone	Cell/Pager		Effective Date of Transfer <b>2008-09 SCHOOL YEAR</b>
Address	City	Zip	Home Phone		Is there a current IEP YES          NO
Assigned public school your student will attend:				Receiving ESL services? YES          NO	
Briefly indicate the class or classes (maximum 3) your student will attend:					

The above information is true and correct to the best of my belief and knowledge.

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

-----  
\*For office use only:

APPROVED

DISAPPROVED

Received \_\_\_\_\_

Copy to School \_\_\_\_\_

Entered in TSIS \_\_\_\_\_  
(Minutes per day/SAC16)

\_\_\_\_\_  
SIGNATURE OF SUPERINTENDENT/RESPONSIBLE AUTHORITY

\_\_\_\_\_  
DATE