



**Minnesota Transitions Charter School  
Admissions Form  
2024-2025 School Year | Full-Time Student**

**Student's Legal Name** \_\_\_\_\_  
(Last name) (First name) (Middle name) (Name student likes to be called)

**Address** \_\_\_\_\_ **Apt/Unit/Lot #:** \_\_\_\_\_ **City, Zip** \_\_\_\_\_  
(City, Zip)

**Birth date** \_\_\_/\_\_\_/\_\_\_ **Grade Applying For:** \_\_\_\_\_

**Student Email** \_\_\_\_\_ **Student Phone: (\_\_\_\_)** \_\_\_\_\_

**Legal Guardian #1** \_\_\_\_\_ **Sex** M F  
(Last name) (First name) (Middle initial)

Does student reside with this person?  Yes  No Relationship to student \_\_\_\_\_

**Address** \_\_\_\_\_ \*Check  if no permanent MN residence.  
(City, Zip)

**Primary Phone (\_\_\_\_)** \_\_\_\_\_ **Secondary Phone (\_\_\_\_)** \_\_\_\_\_

**Legal Guardian #1 Email** \_\_\_\_\_ \*Check  if no email account.

**Legal Guardian #2** \_\_\_\_\_ **Sex** M F  
(Last name) (First name) (Middle initial)

Does student reside with this person?  Yes  No Relationship to student \_\_\_\_\_

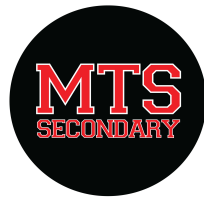
**Address** \_\_\_\_\_ \*Check  if no permanent MN residence.  
(City, Zip)

**Primary Phone (\_\_\_\_)** \_\_\_\_\_ **Secondary Phone (\_\_\_\_)** \_\_\_\_\_

**Legal Guardian #2 Email:** \_\_\_\_\_ \*Check  if no email account.

- Student is eligible for enrollment to MTS Schools
- Student is ineligible for enrollment to MTS Schools

**Staff Initials:** \_\_\_\_\_



**How Did you hear about us?**

Radio

Search Engine

Friend

Other: \_\_\_\_\_

**Minnesota Transitions Charter School**

**2872 26<sup>th</sup> Ave S Mpls, MN 55406**

**612-722-9013**

**2024-2025 School Year | Full-Time**

**Student What Program are you applying for?** \_\_\_\_\_

**Student's Legal Name** \_\_\_\_\_

**Address** \_\_\_\_\_ (Last name) \_\_\_\_\_ (First name) \_\_\_\_\_ (Middle name) required \_\_\_\_\_ Name student likes to be called \_\_\_\_\_ \*Check  if no permanent MN residence.

**Apt/Unit:** \_\_\_\_\_ **County:** \_\_\_\_\_ County of Residence **Birth date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Sex** M F **Grade (2024/2025):** \_\_\_\_\_

**Student Email** \_\_\_\_\_ **Student Phone:** (may be student cell): (\_\_\_\_) \_\_\_\_\_

**Ethnic Background**  Native American  Asian  Hispanic  Black  Native Hawaiian/Pacific Islander  White

**Has student ever received special education services or been tested for special education services?**  Yes  No

If yes – type of services, didn't qualify, or exit date \_\_\_\_\_ Year \_\_\_\_\_

**Does student currently have an Individualized Education Plan (IEP)?**  Yes  No School: \_\_\_\_\_

**Does student currently have a 504 Accommodation Plan?**  Yes  No School: \_\_\_\_\_

**Does student currently receive ESL Support**  Yes  No School: \_\_\_\_\_

If yes – how many years \_\_\_\_\_, or exit date year \_\_\_\_\_

**Circle any that apply to student at any point in past:** Gifted/Talented  Early Childhood  Summer School  Title 1 Reading/Math

**Has student ever been expelled or suspended from school?**  Yes  No If yes, explain: \_\_\_\_\_

Reason: \_\_\_\_\_ Year \_\_\_\_\_

**Has the expulsion or suspension been lifted?**  Yes  No If no, explain: \_\_\_\_\_

**Is the student currently truant?**  Yes  No If yes, provide the following information for the student's current county worker:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ County: \_\_\_\_\_

**Legal Guardian #1** \_\_\_\_\_ (Last name) \_\_\_\_\_ (First name) \_\_\_\_\_ (Middle initial) \_\_\_\_\_ **Sex** M F

Does student reside with this person?  Yes  No Relationship to student \_\_\_\_\_ County: \_\_\_\_\_

Is this person Active Duty with one of these Branches: Army, Navy, Air Force, Marine Corps, and Coast Guard? Circle: Yes No

Address \_\_\_\_\_ (City, Zip) \_\_\_\_\_ \*Check  if no permanent MN residence.

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_ Spoken Language: \_\_\_\_\_

Legal Guardian #1 Email \_\_\_\_\_ \*Check  if no email account.

**Legal Guardian #2** \_\_\_\_\_ (Last name) \_\_\_\_\_ (First name) \_\_\_\_\_ (Middle initial) \_\_\_\_\_ **Sex** M F

Does student reside with this person?  Yes  No Relationship to student \_\_\_\_\_ County: \_\_\_\_\_

Is this person Active Duty with one of these Branches: Army, Navy, Air Force, Marine Corps, and Coast Guard? Circle: Yes No

Address \_\_\_\_\_ (City, Zip) \_\_\_\_\_ \*Check  if no permanent MN residence.

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_ Spoken Language: \_\_\_\_\_

Legal Guardian #2 Email \_\_\_\_\_ \*Check  if no email account.

Family Education Rights and Privacy Act of 1974 (FERPA): Students over the age of 18 can elect to deny parental access to their educational records if student is no longer claimed as a dependent by parent for tax purposes. Students desiring to pursue this option should contact the Dean of Students.

## Minnesota Transitions Charter School

Please complete all information requested below.

**Is the student a previous Minnesota Transition Charter School student?** • Yes • No

If yes - School Name \_\_\_\_\_ Year \_\_\_\_\_

What year did the student start kindergarten? \_\_\_\_\_ State: \_\_\_\_\_

Previous School(s) Attended – List all schools, programs, and treatments centers. Please use another page for additional schools if necessary- **Please provide complete school name; incomplete information may cause delay in processing application.**

SCHOOL NAME	ADDRESS	CITY	STATE	ZIP	GRADE
<i>PLEASE LIST ALL SCHOOLS BEGINNING WITH YOUR MOST RECENT. ATTACH ADDITIONAL SHEETS IF NECESSARY.</i>					

Please list any additional information about yourself, or your situation you feel may be important for MTS to know in order for you to be successful in our program: \_\_\_\_\_

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for pupils. The information will become a part of the student’s permanent cumulative record and will be available to appropriate staff members of District 4017. Certain information, known as “directory information”, such as student’s name, name of school attended, grade level, parent(s) name, address and telephone number is available to the public and military recruiters unless the district receives a written request from a parent to withhold this information.

\_\_\_\_\_ With the submission of this application, I am aware that the student listed above will be withdrawn from his/her current school the day before starting with MTS. Please continue attending your current school until start date.  
Legal Guardian Initial

\_\_\_\_\_ As the parent or legal guardian, I am electing the curriculum provided by MTS for the student listed above.  
Legal Guardian Initial

\_\_\_\_\_ I give permission for my student to participate in groups offered by Minnesota Transitions Charter School.  
Legal Guardian Initial

\_\_\_\_\_ I give permission for my student's image obtained at any MTS event to be used in advertising. I understand that no last name will be published.  
Legal Guardian Initial

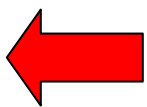
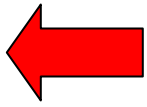
**I CERTIFY ALL ABOVE INFORMATION IS CORRECT.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Legal Guardian Signature (Required if student under 18)

**Printed Name:** \_\_\_\_\_  
Legal Guardian Name

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Student Signature (Required)

**Printed Name:** \_\_\_\_\_  
Student Name



As parents and guardians you have the right to know if your child’s teachers are highly qualified. For more information you may contact the Superintendent at 612-722-9013.

# Consent to Release Educational Records MN Transitions Charter School District

*Legal Guardian(s): This form allows student records to be exchanged between schools.  
If 504 Accommodation Plan or Special Education records exist for your child, please indicate that appropriately below.*

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Address: \_\_\_\_\_

\_\_\_\_\_

Guardian Home Phone: \_\_\_\_\_ Guardian Cell Phone: \_\_\_\_\_

I authorize: \_\_\_\_\_ Current School  
\_\_\_\_\_ Street Address  
\_\_\_\_\_ City, State, Zip Code

**To release written and verbal information to: MN Transitions Charter School District**

*School records may be examined by parent(s), or learner if of legal age (18 years old or older). The information to be released:*

**Cumulative Records**

- Transcripts
- State Assessment Results
- Immunization
- Attendance Records and Communication
- Discipline Records
- 504 Accommodation Plan (if applicable)
- ACCESS Score
- Other: \_\_\_\_\_

**Special Education Records**

- Current IEP
- Current Evaluation Summary Report (special education)
- Notices and Progress Reports
- Previous relevant special education records
- Other: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
Legal Guardian Signature/Student Signature if student is 18 or older

Printed Name: \_\_\_\_\_  
Legal Guardian Name/ Student Name if student is 18 or older

**MTS District does not discriminate on the basis of race, color, creed, religion, national origin, sex, age, marital status, status with regard to public assistance, sexual orientation, or disability in its programs and activities. The following person(s) has been designated to handle inquiries regarding the nondiscrimination policies:**

**Section 504 Coordinator Erin Copeland  
2872 26th Ave South, Mpls, MN 55406  
612-722-9013**

**TitleIX Coordinator Kelsey Bennett  
2872 26th Ave South, Mpls, MN 55406  
612-722-9013**

Please return  
this form to the  
Health Office

**MTCS Health Services**  
**Health & Emergency Information**



Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First MI

Primary Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip

Dear Parent/Guardian:

A student's health may affect his or her learning. Therefore, updated health information is important. The following information will be held in confidence and disclosed to school personnel to the extent necessary to protect the health and safety of the student. This form should be completed each school year. Please complete this form and return it to the school Health Office as soon as possible.

Thank you  
**MTCS Health Services**

**HEALTH INFORMATION**

**Health Concerns**

Please put a ✓ if the student CURRENTLY HAS or HAS HAD IN THE PAST any of these health concerns:

**No Health Concerns**

Allergies (if yes, to what): \_\_\_\_\_

Anaphylactic/Life threatening?  **Yes** \*Needs care plan  **No**

Asthma or breathing problems (if yes, see below):

• Has the student had episode(s) of wheezing in the last 12 months?  **Yes** \*Needs care plan  **No**

• Has the student had to take medication to resolve breathing problems in the last 12 months?  **Yes** \*Needs care plan  **No**

Bladder/Bowel problems (if yes, describe): \_\_\_\_\_

Diabetes (if yes, see below): \*Needs care plan

• Type (I or II): \_\_\_\_\_

• Managed by:  Diet only  Oral medication  Insulin injections  Insulin pump

Diagnosed diet restrictions/needs (if yes, describe): \_\_\_\_\_

Heart problems (if yes, describe): \_\_\_\_\_

Seizures (if yes, see below): \*Needs care plan

• Type (describe) \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Social/Emotional/Mental Health concerns (if yes, describe): \_\_\_\_\_

Recent surgeries or hospitalizations (if yes, describe): \_\_\_\_\_

Activity restrictions (if yes, describe): \_\_\_\_\_

\*Note: If yes, a current written note from your provider stating the restrictions and length of restrictions is needed in the health office

Autism

Genetic/Congenital disorder

Hearing impaired

Blood disease

Vision impaired

Migraines

Cancer

Head injury/Concussion

Other: \_\_\_\_\_

### Complete for High School Students Grades 9-12

According to MS 121.222 (2005) a secondary student may possess and use non-prescription pain relief such as Tylenol or Motrin. Medications must remain in the original container and taken according to directions. Parent/Guardian permission must be given in order for students to "self-carry" non-prescription pain relievers. I hereby give my child permission to "self-carry" non-prescription pain relievers.

Signature: \_\_\_\_\_

**Parent(s)/Guardian(s) Note:** The school district does not supply over-the-counter pain relievers to students.

### Health Insurance

The student HAS health insurance

The student DOES NOT HAVE health insurance. Would you like assistance with applying?  Yes  No

### Health Care Providers

Primary Care Provider	Clinic/Location	Phone Number

Hospital Preference	Address	Phone Number

\*Note: In case of an emergency, our procedure will be to attempt to contact the parent/guardian. Paramedics or local police may be called for assistance. Your student will be taken to the most appropriate hospital for emergency care if no other arrangements have been made.

### Emergency Contacts

Parent/Guardian 1: \_\_\_\_\_  
Print Name Primary Phone Number Work Phone Number  
\_\_\_\_\_  
Email Address

Parent/Guardian 2: \_\_\_\_\_  
Print Name Primary Phone Number Work Phone Number  
\_\_\_\_\_  
Email Address

Emergency Contact: \_\_\_\_\_  
Print Name Relationship Phone Number

Emergency Contact: \_\_\_\_\_  
Print Name Relationship Phone Number

**Custody Issue**  Yes  No

\*Note: If custodial issues are involved, a copy of decree must be on file at school.

**This information is current and correct. I understand that it is my responsibility as the parent/guardian to notify the school of new or existing health concerns or any changes to contact information. I understand that this health history form must be updated every school year.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

**Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.**

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

\* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

## 2023-24 Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: MTS 4017 School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

*[You must select “yes” or “no” to this question.]*

**Yes** *[If yes, go to Question A.]*

**No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

*Go to Question 1.*

*[Select “yes” to at least one of the Questions (1-6) below.]*

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

**Yes** *[If yes, go to Question 1a.]*

**No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

*Go to Question 2.*

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274



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**Question 2. Is the student American Indian from South or Central America?**

**Yes** [Go to Question 3.]

**No** [Go to Question 3.]

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**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.<sup>1</sup>

**Yes** [If yes, go to Question 3a.]

**No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

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**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

**Yes** [If yes, go to Question 4a.]

**No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

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**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

**Yes** [Go to Question 6.]

**No** [Go to Question 6.]

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**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

**Yes**

**No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_



# Digital Equity Questionnaire

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

*Please answer the following questions based off your current living status*

Can the student access the internet?

- Yes
- No (Not Available)
- No (Not Affordable)
- No (other)

What type of device does student use?

- Desktop/Laptop Computer
- Tablet
- Chromebook
- Smart Phone
- None
- Other

What is the primary type of service?

- None
- Broadband
- Cellular
- School Hotspot
- Satellite
- Dial-Up
- Other

Is device personal or school-provided?

- Personal
- School Provided

Can the student stream video?

- Yes (No Issues)
- Yes (Not consistent)
- No

Is the device shared?

- Dedicated (Not Shared)
- Shared

Minnesota Transitions Charter Schools  
 2872 26<sup>th</sup> Avenue South,  
 Mpls, MN 55406  
 612-722-9013



**Self Identification Form for Homeless and Highly Mobile Students  
Title 1 – McKinney Vento**

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Student Name	Date of Birth	Grade
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Phone Number	Email Address
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**Please answer the questions below to best describe your living situation. The purpose of this information is to ensure the rights of you and your children under the McKinney Vento Act and the information you provide is confidential.**

**Do you or your family currently live in any of these situations? (Check all that apply)**

- I stay in either a shelter or a transitional housing/independent living program.
- I am doubled-up with friends or relatives, but I am not on their lease.
- I stay on the streets (in an abandoned building, in a car, or in other unsafe conditions).
- I stay in a hotel/motel.
- I am in a temporary foster care placement.
- I am under 18 and do not live with a parent or guardian
- One of the above situations applies to me, **and I have a child.**

**If you checked any of the above situations, you are entitled to the following rights:**

- To attend school, to continue in the school you and your child attended before you became homeless, and if feasible, to receive transportation to that school and to school programs.
- To enroll in school without a permanent address and attend classes while the school arranges for a school transfer, immunization records, or other documents required for enrollment.
- To receive the same special programs and services, if needed, as provided to all other children served in these programs.
- To have enrollment disputes addressed quickly.

**None of the above situations apply to me.**

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Parent/Guardian or Student Signature	Date
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The McKinney Vento Homeless Education Assistance Act and MN Transitions Charter School assures the educational rights listed above for all homeless and highly mobile students. Call the District Liaison for further information: **Courtney Stenseth (612) 235-5780**. Your information is confidential and shall be kept for the current school year only. For a copy of this document, simply ask the front office.

Office Use:	<input type="checkbox"/> Change of Status	<input type="checkbox"/> Homeless Liaison	<input type="checkbox"/> Other _____
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