

**This form needs to be completed in
BLACK PEN not pencil.**

Put your student ID, not STAR ID.



Division of School Finance
1500 Highway 36 West
Roseville, MN 55113-4266

**POSTSECONDARY ENROLLMENT OPTIONS
PROGRAM NOTICE OF STUDENT
REGISTRATION**

ED-01763-18
2017-18

Put your birthdate, not today's date.

NOTE: Complete an enrollment form for each instructional term and postsecondary institution the student attends. Once Sections 1, 2, and 3 are completely filled out, mail the enrollment form to the postsecondary institution. Do not mail this form to MDE.

College Student ID Number: _____

1. TO BE COMPLETED AND SIGNED BY THE STUDENT & PARENT/GUARDIAN

Student Name (Last, First, M.I.) _____ Select Gender M F Date of Birth (MM/DD/YYYY) _____

Street Address: _____ City: _____ Zip Code: _____ Telephone Number: _____

Postsecondary Institution This Term: _____ Parent/Guardian Name: _____ Address (if different than above) _____

Minnesota Statutes, section 124D.09, subd. 6, requires students and parent/guardian sign a statement indicating they have received information about the program, are aware counseling services are available and understand the responsibilities regarding enrollment in postsecondary courses. We have received the information required under Minnesota Statutes, section 124D.09, and are aware the student above is enrolling in postsecondary courses.

Student Signature _____ Parent/Guardian Signature (if student is under 18) _____ Date _____

Upon completion of Section 1, pass this form to the pupil's secondary school for completion of Section 2

2. TO BE COMPLETED BY SECONDARY/NON-PUBLIC/HOME SCHOOL

Secondary/Non-Public/Home School Name _____ School Type – Select One Public Non-Public or Home School Student's MARSS Number _____

Attending School District Name _____ Attending School District # _____ Resident District Name _____ Resident District # _____

Student's grade while attending this Postsecondary Institution _____ Grade 10 Grade 11 Grade 12
Select grade level Public only

NOTE: HIGH SCHOOL GRADUATES AND 21 YEAR OLDS ARE NOT ELIGIBLE

Students may not enroll in PSEO courses in addition to a full high school class load. Does this student have at least one free class period during the high school day? (select one) Yes No

Is the above student eligible for program application? (See page 3 for requirements) (select one) Yes No

SECONDARY/NON-PUBLIC/HOME SCHOOL VERIFICATION

I certify the student identified in Section 1 meets the eligibility requirements outlined in Minnesota Statutes, section. 124D.09, to apply for participation in the Postsecondary Enrollment Options (PSEO) program this term, and the information in Section 2 is accurate and applicable to the student.

Secondary School Contact Name _____ Contact Signature _____ Email Address _____ Telephone _____ Date _____

Directions: Upon completion of Section 2, pass this form to the postsecondary institution for completion of Section 3.

**Complete information on second
page.**

Enter college doing PSEO at. Only list one college per form.

Make sure to sign before submitting. Electronic signatures not accepted.

SHS will complete this section.

A parent must sign before submitting. Electronic signatures not accepted.

Copy information from page 1 before submitting.

Student Name (Last, First, M.I.)

Date of Birth (MM/DD/YYYY)

College Student ID Number

3. TO BE COMPLETED BY THE POSTSECONDARY INSTITUTION

Name of Postsecondary Institution

Postsecondary Institution Number

City of Postsecondary Institution

Term of planned attendance
Select one

Semester 1

Semester 2

Qtr. 1

Qtr. 2

Qtr. 3

Postsecondary Institution Contact Name

Email address

Telephone

PSEO college will complete this section.

COURSES TAKEN FOR SECONDARY CREDIT

COURSE NUMBER

COURSE CREDITS

Course #1 _____

Course #2 _____

Course #3 _____

Course #4 _____

Course #5 _____

Course #6 _____

I certify the student identified in Section 1 is registered this term for the courses indicated above, all courses are non-sectarian in content, are not remedial or developmental, and the student has indicated to me the courses are to be taken for secondary credit.

Signature-Postsecondary Institution Contact Person

Title

Date

REQUIRED UNDER MINNESOTA STATUTE, SECTION 124D.09, SUBD. 5

"If an institution accepts a secondary pupil for enrollment under this section, the institution shall send written notice to the pupil, the pupil's school or school district, and the commissioner within ten days of acceptance. The notice must indicate the course and hours of enrollment of that pupil."

The postsecondary institution must mail a copy of this form, within ten days of acceptance, to the following address: Minnesota Department of Education, Division of School Finance, 1500 Highway 36 West, Roseville, MN, 55113.

Additionally, copies of the completed form must be sent, within ten days of acceptance, to the student indicated in Section 1 and the secondary school of attendance indicated in Section 2.