

Instructions: Complete an enrollment form for each term and postsecondary institution (PSI). Work with the PSI for Section 3. Postsecondary institutions hold this form internally per their Internal Records Retention Policy.

MDE College Student ID Number: _____

1. Student and Parent/Guardian Complete and Sign This Section

Male ☐ Female ☐ Unreported ☐

Student Name (Last, First, M.I.) _____ Birthdate (mm/dd/yyyy) _____

Address _____ City _____ ZIP Code _____ Phone _____

Postsecondary Institution This Term _____ Parent/Guardian Name _____ Address (if different from student) _____

Public School Students: Minnesota Statutes 2024, section 124D.09, subdivision 7, to assist the district in planning a pupil must inform the district by October 30 or May 30 of each year the pupil's intent to enroll in postsecondary enrollment option (PSEO) courses during the following academic term. A pupil is bound by notifying or not notifying the district by October 30 or May 30.

_____ I/we notified the district intent to enroll in PSEO, during academic term, school year 2026-27.

All Students: Minnesota Statutes 2024, section 124D.09, subdivision 6: students and parent/guardian sign a statement indicating they have received PSEO information (including transportation reimbursement for qualified students); are aware counseling services are available; understand PSEO course responsibilities. We have received the information required under Minnesota Statutes 2024, Section 124D.09, and are aware the student above is enrolling in postsecondary courses.

My signature indicates I/we are aware if I/we have not notified the enrolling district by October 30, 2025, for Semester 1, or May 30, 2026, for Semester 2, and the enrolling district has not waived the deadline, I/we may be responsible for PSEO costs.

Student Signature _____ Date _____

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

2. To be Completed by Secondary/Nonpublic/Home School

Public ☐ Nonpublic ☐ Home School ☐

Secondary/Nonpublic/Home School Name _____ School Type (Select one) _____ Public School SSID*Number _____

Attending Public School District Name _____ Attending Public School District Number (xxxx-xx) _____

Student grade level during the 2026-27 school year. Grade 10 ☐ Grade 11 ☐ Grade 12 ☐

Eligibility Note: High school graduates are not eligible.

Students may not enroll in PSEO courses and take a full high school course load. Does this student have at least one free class period during the high school day? Yes ☐ No ☐

Is the above student eligible for program application? (See Page 3-4 for requirements) Yes ☐ No ☐

My signature certifies the student in Section 1 meets PSEO eligibility requirements, pages 3-4, for PSEO participation this term, and information in Section 2 is accurate. The student notified the enrolling district of intent to enroll in PSEO by May 30 or October 30, for enrollment the following term, or the district has waived the deadline requirements.

Secondary School Contact Name _____ Contact Signature _____ Email _____ Phone _____ Date _____