

Postsecondary Enrollment Options Notice of Student Registration Form 2025-26

Instructions: Complete an enrollment form for each instructional term and postsecondary institution (PSI) the student attends. Once Sections 1 and 2 are completely filled out, the next step is to work with the enrolling postsecondary institution to complete Section 3. Note: Only postsecondary institutions submit this form to the Minnesota Department of Education (MDE).

MDE College Student ID Number:				
1. Student and Parent/Guardian Complete	e 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/G	uardian Name	Address (i	f different from student)
Public School Students : Minnesota Statutes 20 must inform the district by October 30 or May the following academic term. A pupil is bound	30 of each year	the pupil's int	ent to enroll in pos	tsecondary courses during
Date I/we notified	I the district the	intent to enro	ll in PSEO, either ser	nester, school year 2025-26
reimbursement for qualified students); are away We have received the information required under enrolling in postsecondary courses. My signature(s) below indicates I/we are aware 2025, and the enrolling district has not waived the	Minnesota Statu	tes 2024, Section	on 124D.09, and are a	aware the student above is May 30, 2025 or October 30,
Student Signature		Student E	mail	
Parent/Guardian Signature (if student is under ag	e 18)	Date		
2. To be Completed by Secondary/Nor	npublic/Home	School		
Puk	olic () Nonpub	lic (Home s	School (
Secondary/Nonpublic/Home School Name	•	ype (Select on		ublic School SSID*Number
Attending Public School District Name	Attending Publ	ic School Distri	ct Number (xxxx-xx)	.
Student grade level during the 2025-26 school	l year . (Select or	ne): Grade 10	O Grade 11	Grade 12 🔘
Eligibility Note: High school graduates are not of Students may not enroll in PSEO courses in additional their high school day. Does this student have at	ion to a full high			· ·
Is the above student eligible for program applic	cation? (See Pag	e 3-4 for requi	rements) Yes	No 🔘
My signature certifies the student in Section 1 term, and information in Section 2 is accurate a school district of intent to enroll in postsecond academic term, or the public-school district ha	and applicable. ary by May 30 c	The public-sch or October 30,	ool student notified for PSEO enrollmen	the enrolling public-
Secondary School Contact Name	nature	 Email	Phon	ne Date

Student Name (Last, First, M.I.)	Date of Birth (MM/DD/YYYY) MDE (College Student ID Number
3. To be Completed by the Postsecondary Ir	nstitution	
Name of Postsecondary Institution	PSI Number (xxxx-xx) City	of Postsecondary
Term of Attendance (Must Select one) Semester	r 1 O Semester 2 O Qtr 1	Qtr 2 Qtr 3
Postsecondary Institution Contact Name	PSI Contact Email	Telephone
Courses Taken for Secondary and Postsecondary Cre	edit Course Number	Course Credits
Course #1		
Course #2		
Course #3		
Course #4		
Course #5		
Course #6		
Minnesota Statutes 2024, section 124D.09, subdivisio October 30 or May 30 of each year of the pupil's inten academic term to assist the district in planning. A pup 30 or May 30, unless the public-school district has wa public school students who have met this requiremer	It to enroll in postsecondary courses do pil is bound by notifying or not notifying or not notifying or not notifying or not notifying indicated in Sect	uring the following ng the district by October
Minnesota Statutes 2024, section 124D.09, subdivisio and the student's school or district. The notice must i	•	
My signature below indicates all statements bel	low are true.	

Contact: Email Address

Date

Signature – Postsecondary Institution Contact

^{*}SSID stands for State Student Identification Number (i.e. MARSS Number