

1321 Gilmore Avenue Winona, MN 55987 507-452-2807

DATE RECEIVED				
ENROLL DATE				
ROOM/GRADE				
BIRTH CERT. ATTCH.	Y	or	N	
MARSS#				

2024-2025

CHARTER SCHOOL APPLICATION FORM STUDENT INFORMATION

		the state of the state of	
Student Last Name (Legal Name)	at large and	Student First Name	Student Middle Name
Parent's Last Name		Parent's First Name	9
Address			
City	S	tate Zip	
Home Phone #	Cell Pl	none #	 , ed 5 10 to
Email			

Please indicate grade

Charter School (circle one) KG 1 2 3 4 5 6 7 8



PRIVACY NOTICE (Tennessen Warning)

In accordance with the Minnesota Government Data Practices Act, Bluffview Montessori School ("Bluffview"), is required to inform you of your rights as they pertain to the information we collect about you. Bluffview is asking for this private information so that it can fulfill your request to enroll your student at Bluffview.

The information we collect from you may be used for one or more of the following purposes:

- Create a student file;
- Evaluate the student's eligibility to attend Bluffview;
- Fulfill state and federal reporting requirements;
- To assist your student in the event of an emergency;

You are not legally required to provide the information Bluffview is requesting, and you may refuse to provide some or all of the information requested. However, if you do not provide the requested information, Bluffview may not be able to process the enrollment application. Failure to provide certain information could result in delays, incorrect enrollment, or cause your student to not be enrolled.

With some exceptions, unless you consent to further release of private information, access to this information will be limited to individuals whose jobs reasonably require access to this information and school officials with an educational need to know.

Your student's information may also be released pursuant to a valid court order or a statute specifically authorizing access to the information. Other entities that may access your student's information include:

- Education services providers;
- Entities providing special education and other student support services;
- Minnesota Department of Education;
- Law enforcement and the juvenile justice system;

I have read and fully understand the above Privacy Notice.

- State or legislative auditors.
- Other entities if required by a court order or authorized by state or federal law

The information on this form applies to any subsequent requests for information made during the application and enrollment process.

Signature		2	- 5					Date	T	8
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