

Nonresident Agreement

Student's Last Name		First Name		Middle Name		School Year	Grade			
Student's Address				Apt. No.	City		Zip Code			
Student Racial/Ethnicity (Check one only)						Student's Birthdate		Gender		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black, not of Hispanic Origin	<input type="checkbox"/> White, not of Hispanic Origin	MO.	DAY	YR.	<input type="checkbox"/> M	<input type="checkbox"/> F	
Parent or Guardian Last Name		First Name		Middle Initial		Phones				
						H: W:				
Parent Address (if different from student's)				Apt. No.	City		Zip Code			
Reason this transfer is requested:										
SERVING School District Name		District Number	School Student Would Attend		Date Student Moved			Has student been receiving Special Education Services?		
					MO.	DAY	YR.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
RESIDENT School District Name		District Number	School Most Recently Attended		Signature of Parent/Guardian					
					<input checked="" type="checkbox"/> <small>THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY BELIEF AND KNOWLEDGE</small> DATE SIGNED _____					

TYPE OF TRANSFER:

- 1. Agreement Between School Boards, Enrollment Exceptions.** *M.S. 120.0752, Subd 1-2:*
Transfer requires the approval of both districts; the resident district first. (Code 11)
- 2. Continued Enrollment of 11th and 12th Grade Students.** *M.S. 120.0752, Subd 3:*
Transfer requires the approval of the non-resident school district only. (Code 04)
- 3. High School Graduation Incentives.** *M.S. 126.22:*
Transfer requires the approval of the non-resident district only unless the student resides in Minneapolis, St. Paul or Duluth. If residing in Minneapolis, St. Paul or Duluth, the resident district must first approve, the non-resident district second. (Code 03)

Reason Code	Effective Date of Transfer			Expiration Date of Transfer		
	MO.	DAY	YR.	MO.	DAY	YR.

NON-RESIDENT/SERVING DISTRICT APPROVAL/DISAPPROVAL	
<input checked="" type="checkbox"/> SIGNATURE OF SUPERINTENDENT/RESPONSIBLE AUTHORITY _____	<input type="checkbox"/> Application APPROVED <input type="checkbox"/> Application DISAPPROVED DATE SIGNED _____

RESIDENT DISTRICT APPROVAL/DISAPPROVAL	
<input checked="" type="checkbox"/> SIGNATURE OF SUPERINTENDENT/RESPONSIBLE AUTHORITY _____	<input type="checkbox"/> Application APPROVED <input type="checkbox"/> Application DISAPPROVED DATE SIGNED _____