# 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)*

☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Hispanic ☐ Black, not of Hispanic Origin ☐ White, not of Hispanic Origin

| Student's Birthdate | | | Gender |
|---|---|---|---|
| Mo. | Day | Year | ☐ M ☐ F |
| | | | |

| Parent or Guardian | Last Name(s) | First Name(s) | Middle Initial | Phone(s) |
|---|---|---|---|---|
| | | | | H:<br>W: |

| Parents Address (if dirrerent from Student's) | Apt. No. | City | Zip Code: |
|---|---|---|---|
| | | | |

Reason this transfer is requested:

New Address _____

_____

| *SERVING* School District Name | District Number | School Student Would Attend | Date Student Moved | | | Has student been receiving Special Education Services? |
|---|---|---|---|---|---|---|
| | | | Mo | Day | Year | ☐ Yes ☐ No |
| | | | | | | |

| *RESIDENT* School District Name | District Number | School Most Recently Attended | Signature of Parent/Guardian |
|---|---|---|---|
| | | | _____ _____<br>The above information is true and correct to the best of my belief and knowledge. Date Signed |

## TYPE OF TRANSFER

☐ 1. **Agreement Between School Boards, Enrollment Exceptions. M.S. 124D.08, Subd. 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. 124D.08, Subd. 3:**
Transfer requires the approval of the non-resident school district only. (Code 04)

☐ 3. **High School Graduation Incentives. M.S. 124D.68, Subd. 1:**
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 | | |
|---|---|---|---|---|---|---|
| | Month | Day | Year | Month | Day | Year |
| | | | | | | |

NON-RESIDENT / SERVING DISTRICT

_____ _____
Signature of Superintendent/Responsible Authority Date

☐ Application APPROVED
☐ Application DENIED

RESIDENT DISTRICT

_____ _____
Signature of Superintendent/Responsible Authority Date

☐ Application APPROVED
☐ Application DENIED