

## Nonresident Agreement

Student's Last Name	First Name	Middle Name	School Year	Grade
Student's Address			City / State / Zip	
Student's Ethnicity (optional: check only one) <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			Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian Last Name			Phone	
First Name			H:	
Middle Name			W:	
Parent or Guardian Address (if different from student's)			City / State / Zip	
Reason this Agreement is requested:				
SERVING School District Name	District #	School Student Would Attend	Date Student Moved	Has student been receiving Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
RESIDENT School District Name	District #	School Most Recently Attended	Signature of Parent or Guardian	

**TYPE OF TRANSFER:**

- 1. **Agreement Between School Boards, Enrollment Exceptions.** *M.S. 124D.08, Subd. 1-2:* Transfer requires the approval of both districts; the resident district first. (State Aid Category 11)
- 2. **Continued Enrollment of 11th and 12th Grade Students.** *M.S. 124D.08, Subd. 3:* Transfer requires the approval of the nonresident school district only. (State Aid Category 04)

Reason Code	Effective Date of Transfer	Expiration Date of Transfer

<b>NONRESIDENT / SERVING DISTRICT APPROVAL / DISAPPROVAL</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>X</b> _____ SIGNATURE OF SUPERINTENDENT / RESPONSIBLE AUTHORITY</p> </div> <div style="width: 45%;"> <p>_____ DATE SIGNED</p> </div> </div>	<input type="checkbox"/> Application APPROVED <input type="checkbox"/> Application DISAPPROVED
<b>RESIDENT DISTRICT APPROVAL / DISAPPROVAL</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>X</b> _____ SIGNATURE OF SUPERINTENDENT / RESPONSIBLE AUTHORITY</p> </div> <div style="width: 45%;"> <p>_____ DATE SIGNED</p> </div> </div>	<input type="checkbox"/> Application APPROVED <input type="checkbox"/> Application DISAPPROVED