

Nonresident Agreement

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|---|--------------|-------------------------------|---|-----------|
| Student's Last Name | First Name | Middle Name | School Year | Grade |
| Student's Address | City | Zip Code | Gender <input type="checkbox"/> M <input type="checkbox"/> F | |
| Student Racial/Ethnicity (Check one only) | | | Student's Birthday | |
| <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic Hispanic Origin <input type="checkbox"/> Black, not of Hispanic Origin | | | Mo. | Day Yr. |
| Parent or Guardian: Last Name | First Name | Middle Initial | Phone: H: W: | |
| Parent Address (if different from student's) | City | Zip Code | | |
| Reason this transfer is requested | | | | |
| SERVING School District Name | District No | School Student Would Attend | Date Student Moved | |
| | | | Mo. | Date Year |
| RESIDENT School District Name | District No. | School Most Recently Attended | | |
| Signature of Parent/Guardian <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> X _____ The above information is true and correct to the best of my belief and knowledge. </div> <div style="width: 35%; text-align: center;"> _____ Date Signed </div> </div> | | | | |

TYPE OF TRANSFER

- ☐ 1. Agreement Between School Boards, Enrollment Exceptions. MS. 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. 2: 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)

NON-RESIDENT DISTRICT APPROVAL/DISAPPROVAL

X _____

Signature of Superintendent/Responsible Authority

_____ Date Signed

☐ Application Approved

☐ Application Disapprove

RESIDENT DISTRICT APPROVAL/DISAPPROVAL

X _____

Signature of Superintendent/Responsible Authority

_____ Date Signed

☐ Application Approved

☐ Application Disapprove

**INDEPENDENT SCHOOL DISTRICT 108
CENTRAL PUBLIC SCHOOLS
Phone: 952-467-7000 Fax: 952-467-7003**

Instructions for filling out the “Nonresident Agreement” form

1. **Print** all required information.
2. Fill out **one** application form for **each** student.
3. Fill out the top half through Parent Signature.
4. Be sure to state the **reason** for the transfer request.
5. **Sign** and **date** the application form.
6. Return the form to: Andrea Franck
ISD #108 District Office
PO Box 247
Norwood Young America, MN 55368

Afranck@central.k12.mn.us