INDEPENDENT SCHOOL DISTRICT 196
Rosemount, Minnesota
Educating our students to reach their full potential

Series Number **502P** Adopted **August 1988** Revised **May 2002**

Title **Nonresident Agreement for Interdistrict Student Transfer**

INSTRUCTIONS ON HOW TO APPLY FOR AN INTERDISTRICT STUDENT TRANSFER

1. Complete ONE Nonresident Agreement for Interdistrict Student Transfer form for EACH student. The application begins on the bottom of this page and continues through the top portion of page 2.

2. Do not complete any of the boxes below the parent/guardian signature on page 2.
   NOTE: Ethnic data is used for reporting composition for administrative and Office of Civil Rights purposes. It will be treated in accordance with the Federal Data Privacy Act of 1974 and State of Minnesota privacy laws. Providing this information is optional; if you chose not to do so, there will be no consequences.

3. State the REASON for the transfer (for additional space see below).

4. Be sure to SIGN the application.

5. Mail your application to:

Student Information Office
Independent School District 196
14445 Diamond Path West
Rosemount, MN 55068-4199

If you have questions about this form, please call 651-423-7644.

Reason for transfer: _____

_____

_____

_____

_____

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_____

(OVER)

Student's Last Name **First Name** **Middle Name** **School Year** **Grade**

Student's Address Apt. No. City, State Zip Code

Student's race/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 ____ ____ ____
Mo. Day Year

Gender __M __F

Parent's/Guardian's Last Name First Name Middle Name ( ) Phone Number

Parent's/Guardian's Address (if different from student's) Apt. No. City, State Zip Code

School district in which you live (name and number): _____

Is this student currently attending a school in District 196? ___ Yes ___ No

Has this student ever attended a District 196 school? ___ Yes ___ No
If yes, what was the last year the student was in a District 196 school? _____

Does this student have a sibling currently attending a District 196 school? ___ Yes ___ No
If yes, give name of student and school: _____

What district would you like this student to attend (name and number)? _____

What school would you like this student to attend?_____

Does this student attend daycare in District 196? ___ Yes ___ No (If yes, specify daycare provider on page 1.)

If student changed residence from one district to another, give date of change: _____ _____ _____

Is the student currently receiving special education services? ___ Yes ___ No

The above information is true and correct to the best of my knowledge.

Signature of Parent/Guardian **Date**

TYPE OF TRANSFER

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

_____ 3. **Graduation Incentives.** *M.S. 124D.68* 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 District Approval/Disapproval Signature of Superintendent or Responsible Authority Date	O **Application approved** O **Application disapproved**
Resident District Approval/Disapproval Signature of Superintendent or Responsible Authority Date	O **Application approved** O **Application disapproved**