



NONRESIDENT AGREEMENT

Submit form to the District where you live for approval.
Your Resident District will forward it to Serving/Non-resident District upon completion.

Student's Last Name		First Name	Middle Name	School Year	Grade		
Student's Address		Apt. No	City, State, 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	Year	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent or Guardian's Last Name		First Name	Middle Init.	Cell Phone:			
				Work Phone:			
				Home Phone:			
Parent's Address (if different from student)		Apt. No	City, State, Zip Code				
Reason this transfer 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	
Cloquet		94		Mo	Day		Year
RESIDENT School District Name		District #	School Student Last Attended	Signature of Parent/Guardian			
				/ /			
<small>The above information is true and correct to the best of my belief and knowledge. Date Signed</small>							

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 the non-resident district only. (Code 04)
- 3 **High School Graduation Incentives.** M.S. 126.22: Transfer requires the approval 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 APPROVAL/DISAPPROVAL	<input type="checkbox"/> Application APPROVED <input type="checkbox"/> Application DISAPPROVED
SIGNATURE OF SUPERINTENDENT/RESPONSIBLE AUTHORITY _____	DATE _____

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

Original Date of form: 2/8/2017

Cloquet Public Schools, ISD #94
 Central Administration Office
 302 14th Street
 Cloquet, MN 55720
 218-879-6721, ext 6204 or ext. 6205
 www.isd94.org