



Non-Resident Agreement

Displaced Families/Homeless

Student's Last Name	First Name	Middle Name	School Year	Date of Birth	Grade
Student's Address	Apt. #		City		ZIP
Parent's or Guardian's Last Name First Name Middle Initial				Phone	
Parent's Address (if different from student's)	Apt. #		City		ZIP
Reason this transfer is requested:					
SERVING School District Name	District Number	School Requested	Date Student Moved (if applicable)	Has student been receiving Special Education Services? Yes No	
RESIDENT School District Name	District Number	School Most Recently Attended	Signature of Parent/Guardian X Not Required <i>The above information is true and correct to the best of my belief and knowledge</i>		Date

TYPE OF AGREEMENT: (completed by School District Staff)

- Continued Enrollment for Homeless or Foster Students.** M.S. 124D.08, Subd 2a-2b: No signatures required.

Effective Date of Transfer			Expiration Date of Transfer		
Month	Day	Year	Month	Day	Year

SERVING/NON-RESIDENT DISTRICT		<input type="checkbox"/> Application APPROVED
X	SIGNATURE OF SUPERINTENDENT OR RESPONSIBLE AUTHORITY DATE SIGNED	<input type="checkbox"/> Application DISAPPROVED
RESIDENT DISTRICT		<input type="checkbox"/> Application APPROVED
X	SIGNATURE OF SUPERINTENDENT OR RESPONSIBLE AUTHORITY DATE SIGNED	<input type="checkbox"/> Application DISAPPROVED