



# Eastern Carver County Schools

## Nonresident Agreement

<b>SECTION 1: TO BE COMPLETED BY THE STUDENT'S PARENT OR GUARDIAN</b> (See reverse side for instructions)											
<b>Student's Last Name</b>			<b>First Name</b>			<b>Middle Name</b>			<b>School Year</b>	<b>Grade</b>	
<b>Student's Address</b>				<b>Apt. No.</b>	<b>City</b>				<b>Zip Code</b>		
<b>Student Racial/Ethnicity</b> (Check one only)						<b>Student's Birthdate</b>			<b>Gender</b>		
<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   YR.	<input type="checkbox"/> M   <input type="checkbox"/> F
<b>Parent or Guardian Last Name</b>			<b>First Name</b>			<b>Middle Initial</b>			<b>Phones</b>		
									Cell: Home-Landline: Work:		
<b>Parent Address</b> (If different from student's)				<b>Apt. No.</b>	<b>City</b>				<b>Zip Code</b>		
<b>Reason this transfer is requested:</b>											
<b>SERVING School District Name</b>		<b>District Number</b>	<b>School Student is Requesting</b>			<b>Date Student Moved</b>			<b>Has student been receiving Special Education services?</b>		
Eastern Carver County Schools		112				MO.   DAY   YR.			<input type="checkbox"/> Yes   <input type="checkbox"/> No		
<b>RESIDENT School District Name</b>		<b>District Number</b>	<b>School Most Recently Attended</b>			<b>Signature of Parent/Guardian</b>					
						<input checked="" type="checkbox"/> _____ <small>THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY BELIEF AND KNOWLEDGE</small>					
						DATE SIGNED _____					

<b>SECTION 2: TO BE COMPLETED BY SCHOOL OFFICIAL</b>									
<b>TYPE OF TRANSFER:</b>									
<input type="checkbox"/> <b>1. Agreement Between School Boards, Enrollment Exceptions.</b> <i>M.S. 124D.08, Subd 1-2:</i> Transfer requires the approval of both districts; the non-resident district first. (Code 11)									
<input type="checkbox"/> <b>2. Continued Enrollment of 11th and 12th Grade Students.</b> <i>M.S. 124D.08, Subd 3:</i> Transfer requires the approval of the non-resident school district only. (Code 04)									
<input type="checkbox"/> <b>3. High School Graduation Incentives.</b> <i>M.S. 124D.68:</i> 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)									
			<b>Reason Code</b>	<b>Effective Date of Transfer</b>			<b>Expiration Date of Transfer</b>		
				MO.   DAY   YR.	MO.   DAY   YR.				
<b>NON-RESIDENT/SERVING DISTRICT APPROVAL/DISAPPROVAL</b>									
<input checked="" type="checkbox"/> _____ <small>SIGNATURE OF SUPERINTENDENT/RESPONSIBLE AUTHORITY</small>							<input type="checkbox"/> <b>Application APPROVED</b> <input type="checkbox"/> <b>Application DISAPPROVED</b>		
							DATE SIGNED _____		
<b>RESIDENT DISTRICT APPROVAL/DISAPPROVAL</b>									
<input checked="" type="checkbox"/> _____ <small>SIGNATURE OF SUPERINTENDENT/RESPONSIBLE AUTHORITY</small>							<input type="checkbox"/> <b>Application APPROVED</b> <input type="checkbox"/> <b>Application DISAPPROVED</b>		
							DATE SIGNED _____		

# EASTERN CARVER COUNTY SCHOOLS

PHONE: (952) 556-6112 FAX: (952) 556-6109

## 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 **Section 1** only.
4. State the **reason** for the transfer request.
5. **Sign** and **date** the application form.
6. **Mail** the application to: **Welcome Center  
11 Peavey Road  
Chaska, MN 55318**

If you have questions or need further assistance, please contact Joan Thomes at **(952) 556-6112**.



**If you need more space for the REASON for the transfer, use space below.**

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