



# NONRESIDENT AGREEMENT

Please complete all information requested. Mail form to: Cindy Bruce, Enrollment Options  
Mounds View Public Schools, 350 Highway 96 West, Shoreview, MN 55126

Student Last Name	First Name	MI	School Year	Grade of Student
Address			City	Zip
Home Phone				
Student Birth Date	Gender	Does student receive special services? <input type="checkbox"/> No <input type="checkbox"/> Yes: ___ Student has an IEP ___ Title I ___ English as a Second Language <input type="checkbox"/> Student was suspended <input type="checkbox"/> Student was expelled Please explain on reverse side of form		
Student lives with: Parent(s) Guardian(s) Other: _____ (A Student Not Living w/Parent form may be required)				
Parent/Guardian Last Name	First Name	MI		
Parent/Guardian Address (if different from student address above)			Work Phone	

**Reason for this transfer request:**

- Move:** Date of future move into district \_\_\_\_\_ OR Date of recent move out of district \_\_\_\_\_
- Daycare:** Daycare address \_\_\_\_\_
- Sibling Preference (Please indicate siblings currently attending this school)**  
 Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Name \_\_\_\_\_ Grade \_\_\_\_\_
- 621 Staff Preference:** Site parent works at \_\_\_\_\_
- Compelling educational reason: Please explain: (Use reverse side of form.)**

DISTRICT STUDENT IS APPLYING TO: <b>Mounds View Public Schools</b>	District # <b>0621</b>	Student resident school (school student would attend in home district)	Requested Mounds View schools: 1. _____ 2. _____
DISTRICT WHERE STUDENT LIVES:	District #		

The above information is true and correct to the best of my knowledge and belief. I understand that if any of this information is found to be false (such as failure to disclose existing Individual Educational Plan, 504 plan, English as a Second Language services, etc.) this agreement can be denied or withdrawn immediately. I also understand that nonresident agreements are approved on a space-available basis, and continued dependent upon appropriate student behavior and attendance. **I understand that this nonresident application does not guarantee admission in any district school.**

\*Transportation is NOT available for nonresident/transfer enrollment.

**X** \_\_\_\_\_  
Signature of Parent/Guardian Date

**BELOW FOR OFFICE USE ONLY**

<b>DISTRICT 0621 APPROVAL/DISAPPROVAL</b>	<input type="checkbox"/> APPROVED	Effective Date of Transfer
<b>X</b> _____ SIGNATURE OF SUPERINTENDENT/RESPONSIBLE AUTHORITY	<input type="checkbox"/> DISAPPROVED	Date of Review (5 <sup>th</sup> /8 <sup>th</sup> Grade)
_____ DATE	Bldg. Administrator Approval:	
<b>RESIDENT DISTRICT APPROVAL/DISAPPROVAL</b>	<input type="checkbox"/> APPROVED	<b>Type of Transfer:</b>
<b>X</b> _____ SIGNATURE OF SUPERINTENDENT/RESPONSIBLE AUTHORITY	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> Agreement between school boards (11)
_____ DATE		<input type="checkbox"/> Continued enrollment of 11/12 graders (04)
		<input type="checkbox"/> High school graduation incentives (03)