



ST. CLAIR PUBLIC SCHOOLS NONRESIDENT AGREEMENT

Student Last Name	First Name	Middle Initial	School Yr 20__ - 20__	Grade
Student Address		City	Zip Code	
Student Racial/Ethnicity (check one only) <input type="checkbox"/> American or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic Origin <input type="checkbox"/> White, not Hispanic Origin		Student Birthdate MM/DD/YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent/Guardian Last Name	First Name	Middle Initial	Phone H: W:	
Parent Address (if different from student's)		City	Zip Code	
Reason this transfer is requested:			Military-Connected Youth <input type="checkbox"/> YES <input type="checkbox"/> NO	
Serving School District	Dist. #	School Student Would Attend	Effective Date of Transfer __ / __ / ____	Handicap Services <input type="checkbox"/> YES <input type="checkbox"/> NO
St. Clair Public School	75			
Resident School District	Dist. #	School Transferred From	Signature of Parent/Guardian X _____ The above information is true and correct to the best of my belief and knowledge.	

Type of Transfer:

- ☐ AGREEMENT BETWEEN SCHOOL BOARDS, ENROLLMENT EXCEPTIONS M.S. 120.0752, SUBDS. 1-2, TRANSFER REQUIRES THE APPROVAL OF BOTH DISTRICTS; THE RESIDENT FIRST. (AID CAT II)
- ☐ CONTINUED ENROLLMENT OF 11TH AND 12TH GRADE STUDENTS. M.S. 120.0752, SUBD. 3, TRANSFER REQUIRES THE APPROVAL OF THE NONRESIDENT SCHOOL DISTRICT ONLY. (AID CAT 04)
- ☐ HIGH SCHOOL GRADUATION INCENTIVES. M.S. 126.22, TRANSFER REQUIRES THE APPROVAL OF THE NONRESIDENT DISTRICT ONLY UNLESS THE STUDENT RESIDES IN MINNEAPOLIS, ST. PAUL OR DULUTH. IF RESIDING IN MINNEAPOLIS, ST. PAUL OR DULUTH, THE RESIDENT DISTRICT MUST APPROVE FIRST, THE NONRESIDENT DISTRICT SECOND. (AID CAT 03)

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