



Mankato Area Public Schools ISD77  
 Central Registration Office  
 10 Civic Center Plaza  
 Post Office Box 8741  
 Mankato, MN 56002-8741  
 507-207-4037/Fax 507-387-2618  
 www.isd77.org

# Nonresident Agreement

Student last name	First name	Middle initial	School year	Birthdate	Grade	Gender
Student address		Apt.	City	State	Zip	
Student Race/Ethnicity (Check one only)						
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black or African American not Hispanic origin <input type="checkbox"/> White not Hispanic origin						
Parent/Guardian last name	First name	Middle initial	Home phone		Work phone	
Parent/Guardian address (if different)		Apt.	City	State	Zip	
Reason this transfer is requested:						
Serving school district name	District number	School student would attend		Has this student been receiving Special Education Services?		
				Yes                      No		
Resident school district	District number	School most recently attended				
Signature of Parent/Guardian (The above information is true and correct to the best of my knowledge)						
_____ date _____						
<b>Type of Transfer:</b>						
1. <b>Agreement between School Boards, Enrollment Exceptions.</b> M.S. 120.0752. Subd 1-2: Transfer requires the approval of both districts; the resident district first. (Code 11)						
2. <b>Continued Enrollment of 11th and 12th Grade students.</b> M.S. 120.0752. Subd 3: Transfer requires the approval of the non-resident school district only. (Code 04)						
3. <b>High School Graduation Incentives.</b> M.S. 126.22: 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 nonresident district second. (Code 03)						
Transfer code	Effective date of transfer			Expiration date of transfer		
Nonresident /Serving district approval/disapproval signature				Application approval	Application disapproved	
_____				_____	_____	
Signature of Superintendent/Responsible Authority				date	date	
Resident district approval/disapproval signature				Application approval	Application disapproved	
_____				_____	_____	
Signature of Superintendent/Responsible Authority				date	date	