

*Adopted: 11/18/2010
Revised: 2/12/2015*

590 ENROLLMENT OF STUDENTS TO WISCONSIN

I. PURPOSE

It is the purpose of this policy to set forth the criteria and procedures used by Chisago Lakes Schools in making determinations for enrollment requests by Chisago Lakes resident students to enroll in a Wisconsin school district.

II. GENERAL STATEMENT OF POLICY

A. LEVEL I - Request:

1. Requests need to be in writing, signed by the parent/guardian and sent to the Director of Business Services at 13750 Lake Blvd., Lindstrom, MN 55045. Email with electronic signature is acceptable. Requests should include (but not limited to) parent/guardian name/address/phone, reasons for the request, student(s) name and grade, name of the Wisconsin district they are requesting to attend, contact name and phone number for that district; and
2. Include an Order of Protection (court order) showing reasons the student(s) cannot remain part of the Chisago Lakes District where they reside. Requests will **not** be approved unless an Order of Protection is in place.

B. LEVEL II – Meet with School Board:

1. Within 30 days of receipt of items in Level I above, the parent/guardian will be placed on an upcoming School Board Agenda to meet with the School Board.

C. LEVEL III – Decision

1. The Superintendent (or his designee) will inform the parent/guardian of the Board's decision within 30 days of the meeting with the Chisago Lakes School Board.
2. If the Chisago Lakes School Board approves the request, an Agreement will be signed by the parent/guardian, Chisago Lakes Schools and the Wisconsin school district. The Agreement will indicate the names and grades of the students and the amount that Chisago Lakes will pay in state aid for each student. The students will be listed on Chisago Lakes MARSS Report as SAC (State Aid Category) 14.
3. The Agreement will be in effect until the end of the fiscal year. It will need to be renewed annually at the start of the fiscal year.
4. Parent/guardian must also sign a Transportation Waiver for the Board.

*Attachments: Agreement (Wisconsin)
Transportation Waiver*

Legal References: MS 124D.05

AGREEMENT (Wisconsin)

This Agreement is entered into this ____ of _____ 20__ by and between _____ (hereinafter the "Parent"), the _____ School District (hereinafter "_____") and Independent School District No. 2144, Chisago Lakes Schools (hereinafter "Chisago Lakes").

WHEREAS, Minnesota law allows the School Board to provide for the instruction of any resident pupil attending school in a district in an adjoining state pursuant to Minnesota Statutes Section 124D.05; and

WHEREAS, The Parent resides in the Chisago Lakes School District and has an Order of Protection/Court Order for his/her child(ren); and

WHEREAS, Parent's son/daughter _____ attends the _____ grade and son/daughter _____ attends _____ grade; and

WHEREAS, the Parent desires to send _____ (hereinafter the "Students") to the _____ School District, but to have them considered pupils of the Chisago Lakes School District for state aid purposes.

NOW, THEREFORE, in consideration of the mutual promises and agreements contained herein, including the mutual relinquishment of respective legal rights, the parties hereby agree as follows:

1. Chisago Lakes agrees to provide for the instruction of the Students attending school in the _____ School District by paying for their tuition limited to the amount that Chisago Lakes receives in state aid for the Students.
2. Chisago Lakes shall not be responsible for the transportation of the Students. Parent shall sign and provide the attached Transportation Waiver to Chisago Lakes upon execution of this Agreement.
3. This Agreement shall be effective for the _____ school year only, and terminates on June 30, _____.
4. Chisago Lakes makes no representation that the Students will be eligible for state aid from the Minnesota Department of Education.

5. Nothing in this Agreement requires Chisago Lakes to enter into any tuition agreements regarding any other students or establishes any kind of practice of the Chisago Lakes School District.

6. This Agreement constitutes the full and complete agreement between the parties. There are no promises, inducements, or agreements between the parties except as set forth in this document. Any modifications to this Agreement must be in writing and signed by all parties to be effective.

By signing below, each party acknowledges that it has read and understands the terms of this Agreement, and that it intends that those terms be legally binding.

PARENT

Dated: _____

Name:

SCHOOL DISTRICT

Dated: _____

Board Chair

Dated: _____

Board Clerk

CHISAGO LAKES SCHOOL DISTRICT

Dated: _____

Board Chair

Dated: _____

Board Clerk

*Chisago Lakes ISD #2144
13750 Lake Blvd.
Lindstrom, MN 55045*

SCHOOL BUS TRANSPORTATION WAIVER
_____ SCHOOL YEAR

(Please use only one application form per family.)

Signing this waiver means parents are responsible to transport their child (or children) to and from school.

Please complete the following form and return it to the District Office or fax it to 651-213-2050, Attn: Heide.

Parents Name:	Telephone Number:
Address:	E-mail Address:

Student Name	Grade

Signature

Date