

CENTENNIAL SCHOOLS NON-RESIDENT AGREEMENT

Centennial School District's website: www.isd12.org

If you have questions please contact Margaret@763-792-6006

To be completed by student's parent/guardian:

Student's Last Name					First Name			Middle Name			School Year		Grade		
Student's Address					Apt. No.		City			Zip Code			Home Phone () -		
Age of Student Student will be at least age 5 and under age 21 by September 1 of enrollment year. <input type="checkbox"/> Yes <input type="checkbox"/> No When a spot is offered, districts will then request birthdate, records and other required registration information.										Date Student Moved <i>(if applicable)</i> _____ MM / DD / YYYY					
Parent/Guardian Last Name				First Name				Middle Initial		Phone Numbers Home: () - Work: () - Cell: () -					
Parent/Guardian Address <i>(if different from student's)</i>						Apt. No.		City				Zip Code			
Reason this transfer is requested. <i>(if sibling(s) are served in #12, provide full name(s) / if daycare is in #12, provide address)</i>															
Please list elementary schools in order of priority. <i>(Blue Heron, Centennial, Centerville, Golden Lake, Rice Lake)</i>															
Has student been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No															
RESIDENT School District				Dist. No.		School Most Recently Attended				Signature of Parent/Guardian					
						Phone: () -				_____ <i>The information provided is true and correct to the best of my knowledge.</i> Date signed _____					

To be completed by resident and non-resident school districts:

TYPE OF TRANSFER

Agreement Between School Boards, Enrollment Exceptions. *M.S. 124D.08*
Transfer requires the approval of both districts. **(SAC Code 11)**

Continued Enrollment of 11th and 12th grade students. *M.S. 124D.08*
Transfer requires the approval of the non-resident school district only. **(SAC Code 04)**

SERVING School District	Dist. No.	School Assigned	SAC	Effective Date of Transfer			Expiration Date of Transfer			
				MM	DD	YYYY	MM	DD	YYYY	
Centennial	0012									
NON-RESIDENT (SERVING) DISTRICT APPROVAL/DISAPPROVAL										
_____ Signature of Superintendent/Responsible Person								_____ Date Signed		<input type="checkbox"/> Application APPROVED <input type="checkbox"/> Application DISAPPROVED
RESIDENT DISTRICT APPROVAL/DISAPPROVAL										
_____ Signature of Superintendent/Responsible Person								_____ Date Signed		<input type="checkbox"/> Application APPROVED <input type="checkbox"/> Application DISAPPROVED

Revised September 2010