



Division of School Finance
 Special Education Funding and Data
 1500 Highway 36 West
 Roseville, MN 55113-4266

Special Expenditure Application Out-of-State Tuition for Minnesota Residents 2018-19

ED-02431-12
 DUE: 11/30/2019

General Information and Instructions: Handwritten applications **will not** be accepted. Please use the online form process to complete this application.

This form is provided to assist the applicant to provide the Minnesota Department of Education (MDE) with the necessary information to document the eligibility of a student for out-of-state tuition revenue. Use **one** form for each student placement. If the student has multiple placements in out-of-state programs, each placement should have a separate form.

Minnesota Statutes, section 125A.79, subdivision 8: "Out-of-state tuition – For children who are residents of the state, receive services under section 125A.76, subdivisions 1 and 2, and are placed in a care and treatment facility by court action in a state that does not have a reciprocity agreement with the commissioner under section 125A.155, the resident school district shall submit the balance of the tuition bills, minus the amount of the basic revenue, as defined by section 126C.10, subdivision 2, of the district for the child and the special education aid, and any other aid earned on behalf of the child."

Applicant District Information

District Name:							District Number and Type:	
Address:				City:			ZIP Code:	
Contact Person:				Email Address:			Telephone Number:	
*Full Name of Placing Agency (e.g., Ramsey County Human Services): (*Required)						Dates of Placement (MM/DD/YYYY): to		
Funding Source Code:			Service Code:			Disability:		
Student Last Name:					Student First Name:			
Date of Birth (MM/DD/YYYY):		Gender:	MARSS Number (13 digits):			School Number:	Enrollment State Date (MM/DD/YYYY):	
Time Units:	Time Unit Type:		Expenditure Amount:				Facility ID Code:	
*Line Description: Full Name of Care and Treatment Facility (*Required) :								

There must be a record for the student entered in the Minnesota Automated Reporting Student System (MARSS) for the Regular School Year (RSY).

The dates of placement for an RSY application must match the MARSS record begin and end dates.

Do not combine RSY and Extended School Year (ESY)/Summer Session placements on the same application.

Please verify that the district is only paying the **costs of special education, not** for costs of general education **nor** care and treatment board and lodging.

Cost of special educational services. (Attach copies of paid invoices to this form.)

\$ _____

Eligible certification: **All** of the following criteria **must** be met/completed to be eligible:

Student placed by the courts or human services, not the parents or the school district. **District must submit documentation. *Required**

Student had an Individualized Education Program (IEP) in effect for the time that the student was in placement. ***Required**

Placement is a care and treatment facility. ***Required**

District must submit MARSS 17 report for RSY 2018-19. ***Required**

Copies of the paid invoices are attached. ***Required**

District demonstrated they broke out invoices by general and special education.

District certifies that the invoices attached are **only** for special education services, **not** for costs of general education **nor** care and treatment board and lodging. ***Required**

Student has been entered in the Special Education Data Reporting Application (SEDRA). ***Required**

If application is not complete, or the district does not attach required documentation, MDE cannot approve the SEDRA expenditure.

District Name:	District Number and Type:
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Certification of Information

I certify that to the best of our knowledge, the information contained on this form is accurate and complete.

Signature – Director of Special Education

Telephone Number

Date