Minnesota Department of Education

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

INTERSTATE ENROLLMENT APPLICATION
Iowa to Minnesota Only

GENERAL INFORMATION: Parent / Guardian: complete sections I, II and III. Forward the signed and completed application to the Minnesota district in which the student seeks enrollment. Minnesota District: complete section IV and forwards the application to the resident district.

I. Parent/Guardian Information

Parent or Guardian Name (Last, First, M.I.):	Parent or Guardian Address:	School district in which family resides:
City:	State:	Zip:
Home Telephone #:	Work Telephone #:	Cell Telephone #:

II. Student Information

Student Name (Last, First, M.I.) - List only one student per application:	School Currently Attending:
District:	State:
Current Grade Level:	Grade Level Next Year:
List reason(s) for requesting enrollment (OPTIONAL)	Requested date for student to transfer (month/day/year).

III. Minnesota School District Information

Minnesota district to which student wants to transfer:	Preferred school building, if space is available:

The above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian:	Date:

IV. Approval or Denial of Application by the Minnesota School District

This application is: (select one) ☐ Approved ☐ Denied	Effective Date:

If denied, reason for denial:

Signature of Minnesota District School Representative:	Date