Minnesota Department of Education

Division of School Finance
1500 Highway 36 West
Roseville, MN 55113-4266

DETERMINING RESIDENT DISTRICT

ED-02457-02

INSTRUCTIONS: If, after reviewing MARSS Manual Appendices K and K1, you re unable to determine a student's resident district, please complete this form by responding to all questions and e-mail this form in the current format to marss@state.mn.us. **Do not scan the form.**

STUDENT INFORMATION

Student's Three Initials:	Students Date of Birth (mm/dd/yyyy):	Student's Age:
Dates of Enrollment (mm/dd/yyyy):	Student's Marital Status:(single/married)	Is Student a Parent?(yes/no)

PERSON REQUESTING DECISION

Name:	Date:
Telephone Number:	E-Mail Address:

1. Where is student living? District Number/Type:

a. Living with a parent? ☐ No ☐ Yes, Mother Only ☐ Yes, Father Only ☐ Yes, Both Parents

If both, is this shared custody in different school districts? Yes ☐ No ☐

If yes, district designated by parents as resident district: _____

b. Type of facility/home (select one):

☐ Entirely Self-Supporting ☐ Foster, Temporary, Homeless ☐ Private Home with Parent
☐ Foster Home, Permanent ☐ Homeless ☐ Private Home with Non-Parent
☐ Foster Facility/Group Home ☐ Residential Care and Treatment

c. Homelessness determined by Homeless Liaison: Yes ☐ No ☐

2. Who placed the student in this facility/home? ☐ Minnesota Entity ☐ Non-Minnesota Entity

Select one of the following:

☐ Parent/Guardian ☐ Court/Police
☐ Medical Authority ☐ Social/Human Services
☐ School District, including IEP placement: District Number and Type _____
☐ Charter School, including IEP placement: Charter School Number and Type _____
☐ Other, explain: _____

a. Does the student have a current IEP or 504 Plan? Check one: ☐ IEP ☐ 504 ☐ Neither

b. If IEP, does it require:

1) This placement? Yes ☐ No ☐
2) ESY? Yes ☐ No ☐
3) Special Transportation? Yes ☐ No ☐

c. If 504, does it require special transportation? Yes ☐ No ☐

d. Is the student placed for care and treatment day program? Yes ☐ No ☐

e. If care and treatment day program, does IEP require special transportation because of program? Yes ☐ No ☐

f. If neither IEP nor 504, is the student performing below grade level? (for summer C & T only) Yes ☐ No ☐

3. Mother's Status

a. Parental Rights: ☐ Intact ☐ Terminated ☐ Permanent Suspension by Tribal Court ☐ Deceased

b. District where living: ISD#_____ Other State/Country_____ ☐ Unknown

c. Living in a Minnesota Correctional Facility under Minnesota Department of Corrections? ☐ Yes ☐ No

d. Was student living with mother just prior to placement? ☐ Yes ☐ No ☐ Unknown

e. Is mother homeless? ☐ No ☐ Yes ☐ Unknown

4. Father's Status

a. Parental Rights: ☐ Intact ☐ Terminated ☐ Permanent Suspension by Tribal Court ☐ Deceased

b. District where living: ISD#_____ Other State/Country_____ ☐ Unknown

c. Living in a Minnesota Correctional Facility under Minnesota Department of Corrections? ☐ Yes ☐ No

d. Was student living with father just prior to placement? ☐ Yes ☐ No ☐ Unknown

e. Is father homeless? ☐ No ☐ Yes ☐ Unknown

5. If both parents' rights have been terminated, are deceased (not living in Minnesota after placement) or remanded to a Minnesota Correctional Facility, has a court assigned an individual who is not a county employee as guardian for the student? ☐ Yes ☐ No

If yes, district where guardian is living? District Number/Type_____ Outside Minnesota ☐

MDE USE ONLY

Based on the information provided above and related Minnesota Statutes and Rules:

☐ Minnesota resident of Independent School District number/type:_____ OR

☐ Non-Minnesota resident. SAC 15, placing agency may be billed for instruction by the Minnesota district providing instruction.

For more information, refer to MARSS Appendix dated _____ K Item _____ or K1 Item _____

- Minnesota district responsible for transportation:_____
- Transportation Category:_____

Comments:

Determination made by one or more of the following MDE staff on:

☐ Carol Hokenson ☐ George Holt ☐ Sharon Peck ☐ Kelly Wosika ☐ Michelle Jones

Comments: