Minnesota Department of Education	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 2012 – 2013**	ED-02431-07 DUE: 10/07/13

GENERAL INFORMATION AND INSTRUCTIONS: 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:			E-mail Address:	Telephone Number:
Name of Student:			MARSS # (13 digits):	Date of Birth (MM/DD/YYYY):
Placing Agency (be specific, e.g., Ramsey County Human Services): *Required			Name of Care and Treatment Facility: *Required	
Disability Code:	Age:	Grade:	Dates of Placement (MM/DD/YYYY): to	Instructional Days:

Please verify that the district is only paying the **costs of special and general education ONLY;** NOT for costs of care and treatment or board and lodging.

Total Cost of Educational Services (Attach copies of paid invoices to this form.)

$_____

Eligible Certification: Student **must** meet **ALL** criteria to be eligible:

- ☐ Student placed by the courts or human services not the parents or the school district.
- ☐ Student had an Individual Education Program (IEP) in effect for the time that the student was in placement.
- ☐ Placement is a care and treatment facility.
- ☐ Student has been appropriately entered on MARSS. → Signature of MARSS Coordinator: _____
- ☐ Copies of the paid invoices are attached.
- ☐ District certifies that the invoices attached are only for education services, not care and treatment or board and lodging.

District Name:	District Number and Type:

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

FOR MDE USE ONLY

TRA	LINE	FSC	SRV	DIS	AGE	GR	IT	MARSS #	PART	TUT	#TU	EXPENDITURE	DED	FAC	AGENCY