

Independent School District 196  
 Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 502.4.6.1P Adopted December 1997 Revised April 2009

Title Special Education Student Acknowledgement and Tuition Agreement

**GENERAL INFORMATION:** In accordance with Minnesota Statutes §127A.47, Subd. 5 as amended, a signed acknowledgement is required to confirm agreements for the education of students with disabilities receiving instruction.

LEARNER IDENTIFICATION INFORMATION				
Last Name	First Name	MI	State ID Number	Grade
Date of Birth	Gender	Primary Disability Code and Description		
Federal Setting	State AID Category	School Last Attended		

PARENT/CONTACT INFORMATION	
Name(s)	Other Name(s)
Address	Address
City/State/Zip	City/State/Zip
Home Phone	Home Phone
Work Phone	Work Phone
Relationship	Relationship

SERVING DISTRICT INFORMATION			
District Name <b>Rosemount-Apple Valley-Eagan Public Schools</b>	<input type="checkbox"/> Regular Year <input type="checkbox"/> Extended School Year <input type="checkbox"/> Learning Year	Entry Date	
District Number <b>196</b>	District Type <b>01</b>	Exit Date	
Address <b>3455 153<sup>rd</sup> Street West</b>	Contact <b>Director of Special Education</b>		
City/State/Zip <b>Rosemount, MN 55068</b>	Phone <b>651-423-7631</b>	Fax <b>651-423-7627</b>	
Program Name	Location/Building	E-Mail	
Comments			

DISTRICT OF LEGAL RESIDENT INFORMATION		
District Name	County	
District Number	District Type	Contact
Address	Phone	Fax
City/State/Zip	E-mail	

FISCAL RESPONSIBILITY ACKNOWLEDGMENT	
The undersigned District of Legal residence hereby acknowledges fiscal responsibility for the above student's education costs. It is understood that will be billed for special instruction and service costs provided for this student during the Fiscal Year 2008.	
_____ Signature – Superintendent/Responsible Authority	_____ Date

**Please sign, date and return this for to:** \_\_\_\_\_