

School Year 2020 - 2021

request that the following student be allowed to attend a so	
Student Name (last, first, middle initial) Barry, My	rlee E.
June 9, 2006	
Student Address 174 William Johnson	Rd Cut Bank, MT 59427
Parent/Guardian Address 174 William John	son Rd Cut Bank, MT 59427
Individual Responsible for Placement Charlotte/W	Valter Barry
Relationship to Student parents	Phone Number 406-336-2255
Agency Responsible for Placement:	
Address (include city, state and zip code):	
Signature of Parent/Guardian State Agency/Court Request OR Group Home Representat	Date: 4:22-30 Date: 4:22-30
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF CHO	
Student State ID 129050247	Student Grade 8
District of Choice/Placement 15	District of Residence 9
Individual Making Request ☑ Parent/Guardian ☐ Court ☐ State Agency	Student Placement Group Home Placement Foster Home Placement District to District Placement
Enrollment Start Date August 26, 2020	Annual Pupil Instruction Days 177
Transportation Provided by District of Choice/Placement ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District	by DISTRICT OF CHOICE/PLACEMENT t/guardian will transport at own expense (Go to Section IV) cict of Residence \$ per (attach payment schedule) vear (over-schedule costs only – attach documentation of costs) TR-4 Individual Transportation Contract (3 miles from school/bus stop)
☐ Bus Service at No Cost	(attach payment schedule)



	111101 01 0110102)		
Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$ (Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	Tuition Waived		\$(Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	Tuition Waived	<u></u> \$\$	\$(District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	 \$	\$ (District of Residence)
State/Court Placement (includes foster and group home placements)	\$\$	\$\$	\$ (State of Montana)
District to District Placement	Tuition Waived	\$\$	\$(District of Residence)
Board Chair: Doug Bay Signature: Levels & Recognition B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement	required if transportat	Date:	
ACKNOWLEDGES receipt of this Student Attendance Attendance of the District of Residence OR parent/guardian or state is response.		transportation and/or	tuition is charged by
Board Chair:			
Signature:		Date:	
C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:			
ACKNOWLEDGES receipt of this Student Attendance Agreen	nent		
OPI Representative:			
Cianatura		Date:	



School Year 2020 - 2021

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN - OR - OFFICIAL OF STATE AGENCY/COURT

I request that the following student be allowed to attend a school district outside the student's District of Residence

Student Name (last, first, middle initial) Seewald, Ba	auer Edward
September 25, 2003	
Student Address 250 Landslide Butte Roa	ad Cut Bank, MT 59427
Parent/Guardian Address 250 Landslide Butte	Road Cut Bank, MT 59427
Individual Responsible for Placement Hapi/JC Seew	<i>r</i> ald
Relationship to Student parents	Phone Number 406-336-2041
Agency Responsible for Placement:	•
Address (include city, state and zip code):	
Parent Signature This agreement will be returned to the parent/guardian after accombined which will be charged to the parent/guardian for attendance. If agrees to pay the costs, if any, charged to the parent/guardian un	
Signature of Parent/Guardian:	Date: 423-20
State Agency/Court Request OR Group Home Representative S	ignature
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,	PLACEMENT 3 AND TO THE PLACEMENT
Student State ID 938457045	Student Grade 11
District of Choice/Placement 15	Student Grade 11 District of Residence 9
	Student Grade 11
District of Choice/Placement 15 Individual Making Request	Student Grade 11 District of Residence 9 Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT
District of Choice/Placement 15 Individual Making Request	Student Grade 11 District of Residence 9 Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence \$ per (attach payment schedule)



Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$(Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	Tuition Waived		\$ (Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	Tuition Waived	<u> </u>	\$(District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	\$\$	\$(District of Residence)
State/Court Placement (includes foster and group home placements)	<u>\$</u>	\$\$	\$ (State of Montana)
District to District Placement	Tuition Waived	<u>\$</u>	\$ (District of Residence)
DISAPPROVES this Student Attendance Agreement Board Chair:			-9-20
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance Attendan	Agreement (only if no toonsible for tuition)	ion and/or tuition is t ransportation and/or	o be paid by the District
Board Chair: Signature:		Date:	41r. 36-
C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreen	de la Jage		
OPI Representative:		The second second	
Signaturo:		Date:	



School Year 2020 - 2021

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN – OR – OFFICIAL OF STATE AGENCY/COURT

I request that the following student be allowed to attend a school district outside the student's District of Residence Student Name (last, first, middle initial) Seewald, Brant Clifford Birthdate September 25, 2003 Student Address 250 Landslide Butte Road Cut Bank, MT 59427 Parent/Guardian Address 250 Landslide Butte Road Cut Bank, MT 59427 Individual Responsible for Placement Hapi/JC Seewald Phone Number 406-336-2041 Relationship to Student parents Agency Responsible for Placement: Address (include city, state and zip code): **Parent Signature** This agreement will be returned to the parent/guardian after acceptance by the district of choice and will specify the costs, if any, which will be charged to the parent/guardian for attendance. If the student attends under this agreement, the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian under the terms of this agreement. Date: 4-73-70 Signature of Parent/Guardian: 1 State Agency/Court Request OR Group Home Representative Signature Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT Student State ID 671180021 Student Grade 11 District of Choice/Placement 15 District of Residence 9 Individual Making Request Student Placement ☑ Parent/Guardian ☐ Group Home Placement ☐ Court ☐ Foster Home Placement ☐ State Agency ☐ District to District Placement Annual Pupil Instruction Days **Enrollment Start Date** August 26, 2020 SECTION III: TRANSPORTATION – TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT □ NO TRANSPORTATION will be provided. Parent/guardian will transport at own expense (Go to Section IV) Transportation Provided by District of Choice/Placement ☑ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of Residence \$_ _per_ (attach payment schedule) ☐ Bus Service, charging State of Montana \$______ per year (over-schedule costs only – attach documentation of costs) ☐ Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (3 miles from school/bus stop) Transportation Provided by District of Residence ☐Bus Service at No Cost ☐Bus Service, charging parent/guardian \$ (attach payment schedule) per_ ☐ Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)



(Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$(Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	Tuition Waived		\$ (Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	Tuition Waived	<u></u> \$\$	\$(District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	\$\$	\$ (District of Residence)
State/Court Placement (includes foster and group home placements)	<u>\$</u>	\$\$	\$ (State of Montana)
District to District Placement	Tuition Waived	\$\$	\$ (District of Residence)
DISAPPROVES this Student Attendance Agreement			
Board Chair: Doug Ray			4 - 2
Board Chair: Doug Ray Signature: Lengths & Ray B. DISTRICT OF RESIDENCE		Date:	0-9-20
Board Chair: Signature: Doug Ray B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance Attendanc	Agreement (only if no tonsible for tuition)	ion and/or tuition is t	o be paid by the District
Board Chair: Signature: Doug Ray B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance Attendance Attendance Attendance Agreement of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District of Residence OR parent/guardian or state is responsed to the District OF Residence OR parent/guardian or state is responsed to the District OF Residence OR parent/guardian or state is responsed to the District OF Residence OR parent/guardian or state is responsed to the District OF Residence OR parent/guardian or state is responsed to the District OF Residence OR parent/guardian or state is responsed to the District OF Residence OR parent/guardian or state is responsed to the District OF Resid	Agreement (only if no tonsible for tuition)	ion and/or tuition is t	o be paid by the District tuition is charged by
Board Chair: Signature: Doug Ray Signature: District Of Residence The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance Attendance Attendance Attendance OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District OF Residence OR parent/guardian or state is responded to the District OF Residence OR parent/guardian or state is responded to the District OF Residence OR parent/guardian or state is responded to the District OF Residence OF Residenc	Agreement (only if no tonsible for tuition)	ion and/or tuition is t	o be paid by the District tuition is charged by
Board Chair: Signature: Doug Ray Signature: Decycles & Recomples & Recompl	Agreement (only if no tonsible for tuition)	ion and/or tuition is t	o be paid by the District tuition is charged by
Signature: Signature: Doug Ray Signature: DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance Attendance Attendance OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement Student Attendance Agreement Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement Student Student Attendance Agreement Student Stud	Agreement (only if no to the consible for tuition)	ion and/or tuition is t	o be paid by the District tuition is charged by
Board Chair: Signature: Doug Ray B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance Attendance Attendance OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the Superintendent of Public Instruction:	Agreement (only if no to the consible for tuition)	ion and/or tuition is t	o be paid by the District tuition is charged by



School Year 2020 - 2021

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN - OR - OFFICIAL OF STATE AGENCY/COURT

I request that the following student be allowed to attend a school district outside the student's District of Residence Student Name (last, first, middle initial) Berkram, Dallas W. Birthdate October 31, 2006 1346 Reagan Road Cut Bank, MT 59427 Parent/Guardian Address 1346 Reagan Road Cut Bank, MT 59427 Individual Responsible for Placement Leslie/Wade Berkram Phone Number 406-336-2520 Relationship to Student parents Agency Responsible for Placement: Address (include city, state and zip code): **Parent Signature** This agreement will be returned to the parent/guardian after acceptance by the district of choice and will specify the costs, if any, which will be charged to the parent/guardian for attendance. If the student attends under this agreement, the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian under the terms of this agreement. Signature of Parent/Guardian: State Agency/Court Request OR Group Home Representative Signature Signature of Official of State Agency/Court/Group Home: _ SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT Student State ID 102741240 Student Grade & District of Choice/Placement 15 District of Residence o Individual Making Request Student Placement Group Home Placement ☑ Parent/Guardian ☐ Court ☐ Foster Home Placement District to District Placement ☐ State Agency **Enrollment Start Date** Annual Pupil Instruction Days August 26, 2020 SECTION III: TRANSPORTATION - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT NO TRANSPORTATION will be provided. Parent/guardian will transport at own expense (Go to Section IV) Transportation Provided by District of Choice/Placement ☑ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of Residence \$___ (attach payment schedule) Bus Service, charging State of Montana \$_____ per year (over-schedule costs only – attach documentation of costs) Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (3 miles from school/bus stop) Transportation Provided by District of Residence ☐ Bus Service at No Cost ☐Bus Service, charging parent/guardian \$____ _ (attach payment schedule) __per_ Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)



(Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition	Rate	(Attach FP-14A)	(Regular Education Rate + Special Rate)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$(Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	Tuition Waived		\$ (Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	Tuition Waived	\$\$	\$(District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	\$\$	\$ (District of Residence)
State/Court Placement (includes foster and group home placements)	\$\$	<u></u> \$\$	\$ (State of Montana)
District to District Placement	Tuition Waived	 \$	\$ (District of Residence)
APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Board Chair: Signature:		Date:	-9-2n
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement	required if transporta		
ACKNOWLEDGES receipt of this Student Attendance A the District of Residence OR parent/guardian or state is resp	onsible for tuition)		tuition is charged by
Signature:		Date:	
C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreem	nent		
OPI Representative:	(63)		Printer and the second
Signature:		Date:	



School Year 20 20 - 20 21

I request that the following student be allowed to attend a school	ol district outside the student's District of Residence
Student Name (last, first, middle initial) Berkram, W	Vyatt M.
Birthdate April 2, 2004	
Student Address 1346 Reagan Road Cut	
Parent/Guardian Address 1346 Reagan Road	
Individual Responsible for Placement Leslie/Wade	
Relationship to Student parents	Phone Number 406-336-2520
Agency Responsible for Placement:	
Address (include city, state and zip code):	
which will be charged to the parent/guardian after as which will be charged to the parent/guardian for attendance. I agrees to pay the costs, if any, charged to the parent/guardian. Signature of Parent/Guardian: State Agency/Court Request OR Group Home Representative Signature of Official of State Agency/Court/Group Home:	00000 Date: 4 22 2020
	The Table September of American
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID 609494590	Student Grade 11
District of Choice/Placement 15	District of Residence 9
Individual Making Request ☑ Parent/Guardian ☐ Court ☐ State Agency	Student Placement Group Home Placement Foster Home Placement District to District Placement
Enrollment Start Date August 26, 2020	Annual Pupil Instruction Days 177
Transportation Provided by District of Choice/Placement ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District o ☐ Bus Service, charging State of Montana \$ per year	rf Residence \$ per(attach payment schedule)
Transportation Provided by District of Residence ☐ Bus Service at No Cost ☐ Bus Service, charging parent/guardian \$ per	(attach payment schedule) 4 Individual Transportation Contract (more than 3 miles school/bus stop)



(Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition	Rate	(Attach FP-14A)	(Regular Education Rate + Special Rate)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$(Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	Tuition Waived		\$ (Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	Tuition Waived	\$	\$(District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	<u></u> \$\$	\$ (District of Residence)
State/Court Placement (includes foster and group home placements)	\$	\$\$	\$ (State of Montana)
District to District Placement	Tuition Waived	\$\$	\$(District of Residence)
The Board of Trustees:	required if transporta	Date:	-9-20
of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance A the District of Residence OR parent/guardian or state is resp Board Chair: Signature:	Agreement (only if no too	transportation and/or	tuition is charged by
C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:	Jan 197		
ACKNOWLEDGES receipt of this Student Attendance Agreen	nent		
OPI Representative:	180	3 3 2	



School Year 2020 - 2021

request that the following student be allowed to attend a school	district outside the student's District of Residence		
Student Name (last, first, middle initial) Young Runni	ng Crane, Serenity S.		
10/25/2005			
Student Address 10 Yellowbirdwoman Ro	ad, Blackfoot, MT		
Parent/Guardian Address	our Skin Road Blackfoot, Browning M		
Individual Responsible for Placement	9		
Relationship to Student	Phone Number 406 - 573 - 4405		
Agency Responsible for Placement:	- Fe =		
Address (include city, state and zip code):	SAD.		
Parent Signature			
This agreement will be returned to the parent/guardian after acc which will be charged to the parent/guardian for attendance. If the parent is parent to be a second to the parent of th	he student attends under this agreement, the parent/guardian		
agrees to pay the costs, if any, charged to the parent/guardian ur	ider the terms of this agreement.		
Signature of Parent/Guardian: <u>Allem Bwd</u>	0011 Date: 10-8-20		
State Agency/Court Request OR Group Home Representative Signal	gnature		
Signature of Official of State Agency/Court/Group Home:	Date:		
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/			
Student State ID 790694905	Student Grade 9		
District of Choice/Placement 15	District of Residence 9		
Individual Making Request	Student Placement		
☑ Parent/Guardian	☐ Group Home Placement		
☐ Court	☐ Foster Home Placement		
☐State Agency	□ District to District Placement		
Enrollment Start Date August 26, 2020	Annual Pupil Instruction Days		
SECTION III: TRANSPORTATION – TO BE COMPLETED BY	DISTRICT OF CHOICE/PLACEMENT		
■ NO TRANSPORTATION will be provided. Parent/gua	rdian will transport at own expense (Go to Section IV)		
Transportation Provided by District of Choice/Placement			
☑ Bus Service at No Cost			
☐ Bus Service, charging ☐ parent/guardian OR ☐ District of F	Residence \$ per (attach payment schedule)		
☐ Bus Service, charging State of Montana \$ per year (o	ver-schedule costs only – attach documentation of costs)		
☐ Mileage reimbursement to the parent/guardian under a TR-4 I	ndividual Transportation Contract (3 miles from school/bus stop)		
Transportation Provided by District of Residence			
☐ Bus Service at No Cost			
Bus Service, charging parent/guardian \$ per	(attach payment schedule)		
	ndividual Transportation Contract (more than 3 miles school/bus stop)		



Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$(Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	Tuition Waived	14.0	\$ (Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	Tuition Waived	\$\$	\$(District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	<u>\$</u>	\$ (District of Residence)
State/Court Placement (includes foster and group home placements)	\$\$	 \$	\$ (State of Montana)
District to District Placement	Tuition Waived	\$\$	\$(District of Residence)
Board Chair: Signature: B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Autendance Agreement ACKNOWLEDGES receipt of this Student Attendance Attendan	required if transportat Agreement (only if no to nonsible for tuition)	ransportation and/or	o be paid by the District
Signature:		Date:	1.0
C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreem OPI Representative:			
Signature:			



School Year 2020 - 2021

Student Name (last, first, middle initial) Bird, Pre	eston J
January 15, 2005	
Student Address 23306 Hwy 2 West C	Cut Bank, MT 59427
Parent/Guardian Address 23306 Hwy 2 W	est Cut Bank, MT 59427
Individual Responsible for Placement Teola Fish	n / Dan Bird, Sr.
Relationship to Student Parents	Phone Number 406-338-4440
Agency Responsible for Placement:	
Address (include city, state and zip code):	
which will be charged to the parent/guardian for attendar agrees to pay the costs, if any, charged to the parent/guardian:	
	ative Signature
State Agency/Court Request OR Group Home Representa	ative Signature
State Agency/Court Request OR Group Home Representations of Official of State Agency/Court/Group Home:	ative Signature Date:
State Agency/Court Request OR Group Home Representa Signature of Official of State Agency/Court/Group Home: ECTION II: TO BE COMPLETED BY DISTRICT OF CH	ative Signature Date:
State Agency/Court Request OR Group Home Representations Signature of Official of State Agency/Court/Group Home: ECTION II: TO BE COMPLETED BY DISTRICT OF CH Student State ID 871804129	ative Signature Date: HOICE/PLACEMENT
State Agency/Court Request OR Group Home Represents Signature of Official of State Agency/Court/Group Home: ECTION II: TO BE COMPLETED BY DISTRICT OF CH Student State ID 871804129 District of Choice/Placement 15	Date: Date: HOICE/PLACEMENT Student Grade 10 District of Residence 9 Student Placement Group Home Placement Foster Home Placement
State Agency/Court Request OR Group Home Represents Signature of Official of State Agency/Court/Group Home: ECTION II: TO BE COMPLETED BY DISTRICT OF CH Student State ID 871804129 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency	Date:
State Agency/Court Request OR Group Home Represents Signature of Official of State Agency/Court/Group Home: ECTION II: TO BE COMPLETED BY DISTRICT OF CH Student State ID 871804129 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020 ECTION III: TRANSPORTATION — TO BE COMPLETE NO TRANSPORTATION will be provided. Parent Transportation Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR per	Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date:



Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition	Regular Education Rate	Special Rate (Attach FP-14A)	(Regular Education Rate + Special Rate)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$ (Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	Tuition Waived		\$ (Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	Tuition Waived	\$\$	\$(District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	\$\$	\$ (District of Residence)
State/Court Placement (includes foster and group home placements)	<u>\$</u>	\$\$	\$ (State of Montana)
District to District Placement	Tuition Waived	\$\$	\$ (District of Residence)
APPROVES this Student Attendance Agreement Doug Bay Board Chair: Signature: District of Residence APPROVES this Student Attendance Agreement (only of Residence) Disapproves this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance At	Agreement (only if no onsible for tuition)		o be paid by the District
Signature:		Date:	
C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:			
ACKNOWLEDGES receipt of this Student Attendance Agreem			
OPI Representative:			
Signature:		Date:	<u> </u>



School Year 2020 - 2021

I request that the following student be allowed to attend a school	district outside the student's District of Residence
Student Name (last, first, middle initial) Fagle Feat	thers, Jance Edward
Birthdate 4-15-2004	
Student Address 120 SW 3rd Street	Cut Bank, MT 59427
Parent/Guardian Address	MT 59417
Individual Responsible for Placement	
Relationship to Student	Phone Number (400) 245-4741
Agency Responsible for Placement:	
Address (include city, state and zip code):	
Parent Signature This agreement will be returned to the parent/guardian after acc which will be charged to the parent/guardian for attendance. If t agrees to pay the costs, if any, charged to the parent/guardian ur Signature of Parent/Guardian	
State Agency/Court Request OR Group Home Representative Si	gnature
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/	PLACEMENT
Student State ID 741341169	Student Grade
District of Choice/Placement 15	District of Residence
Individual Making Request ☑ Parent/Guardian ☐ Court ☐ State Agency	Student Placement Group Home Placement Foster Home Placement District to District Placement
Enrollment Start Date 1113 (2020	Annual Pupil Instruction Days
SECTION III: TRANSPORTATION – TO BE COMPLETED BY	The state of the s
☐ Bus Service, charging State of Montana \$ per year (c☐ Mileage reimbursement to the parent/guardian under a TR-4	Residence \$ per (attach payment schedule)
Transportation Provided by District of Residence ☐ Bus Service at No Cost ☐ Bus Service, charging parent/guardian \$ per ☐ Mileage reimbursement to the parent/guardian under a TR-4	(attach payment schedule) Individual Transportation Contract (more than 3 miles school/bus stop)



Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$(Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	Tuition Waived		\$ (Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	Tuition Waived	\$\$	\$(District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	\$\$	\$(District of Residence)
State/Court Placement (includes foster and group home placements)	\$\$	\$\$	\$ (State of Montana)
District to District Placement	Tuition Waived	<u> </u>	\$ (District of Residence)
Board Chair: Signature: B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance Attendan	Agreement (only if no		o be paid by the Distric
Board Chair:			
Signature: C. SUPERINTEDENT OF PUBLIC INSTRUCTION		Date:	20.00
The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreen	nent		
OPI Representative:			
Signature:		Date:	



School Year 2020 - 2021

	district outside the student's District of Residence
Student Name (last, first, middle initial)	1 140 11
Grant, Taylor D.	The state of the s
Birthdate	
5110104	
Student Address	
D.O Box 92 Browning, MT	59417
Parent/Guardian Address	
Parent/Guardian Address Last Star Homes #19 Browning	1. MT 59417
Individual Responsible for Placement	
Kristy Augare	
Relationship to Student	Phone Number
Mother	(HOW) 845-3622
Agency Responsible for Placement:	
Agency responsible for Flacement.	
Address (include city, state and zip code):	
TROUGH 14 PROGRAM OF STREET TO A CONTRACT TO	
Parent Signature	
	eptance by the district of choice and will specify the costs, if any,
which will be charged to the parent/guardian for attendance. If	
agrees to pay the costs, if any, charged to the parent/guardian un	der the terms of this agreement.
15 10 110 110 110 110 110	lexue 11/12/20
Signature of Parent/Guardian:	Date: 11 3 20
State Agency/Court Request OR Group Home Representative Si	gnature
	<u>-</u>
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/	PLACEMENT
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 6/78/0354	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 6/78/0354	PLACEMENT
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 6/78/0354 District of Choice/Placement 15	PLACEMENT Student Grade District of Residence
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 6/7 8/0354 District of Choice/Placement 15 Individual Making Request	PLACEMENT Student Grade District of Residence
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 6/78/0354 District of Choice/Placement 15 Individual Making Request Parent/Guardian	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 6/78/0354 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 6/354 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 6/354 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 6/78/0354 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 6/354 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION – TO BE COMPLETED BY	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 6/78/0354 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 6/78/0354 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 6/78/0354 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement Bus Service at No Cost	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence \$ per
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence per
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence \$ per
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence per
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence \$ (attach payment schedule) over-schedule costs only – attach documentation of costs) Individual Transportation Contract (3 miles from school/bus stop)



(Type of Agreement Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
Pare	nt/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$(Parent/Guardian)
	Mandatory – Elementary student to attend where high school age sibling(s) attends	Tuition Waived	1	\$ (Parent/Guardian)
	Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	Tuition Waived	\$\$	\$(District of Residence)
	Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	\$\$	\$ (District of Residence)
	e/Court Placement udes foster and group home placements)	\$\$	\$\$	\$ (State of Montana)
Dist	rict to District Placement	Tuition Waived	\$\$	\$ (District of Residence)
	APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Board Chair: Doug Ray Signature:		Date:	2-8-20
В.	DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement	required if transporta	tion and/or tuition is t	to be paid by the District
	ACKNOWLEDGES receipt of this Student Attendance Attendance of the District of Residence OR parent/guardian or state is response.	Agreement (only if no consible for tuition)	transportation and/or	tuition is charged by
	Board Chair:			
	Signature:		Date:	
C.	SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:			
	ACKNOWLEDGES receipt of this Student Attendance Agreen			
	OPI Representative:			
	Signature:		Date:	



School Year 2020 - 2021

I request that the following student be allowed to attend a school	district outside the student's District of Residence
Student Name (last, first, middle initial)	
LaPlant, Dale, A.	
Birthdate	
09/09/04	
Student Address	
Student Address 137 30 Bar Rd Browning, MT Parent/Guardian Address	59417
ll i/	
Individual Responsible for Placement	
about ran	
Relationship to Student	Phone Number
aunt	406-845-5394
Agency Responsible for Placement:	
rigerity responsible for Flacement.	
Address (include city, state and zip code):	
Parent Signature	
This agreement will be returned to the parent/guardian after acc	septance by the district of choice and will specify the costs, if any,
which will be charged to the parent/guardian for attendance. If	
agrees to pay the costs, if any, charged to the parent/guardian u	nder the terms of this agreement.
Minto da Plant	11/2/20
Signature of Parent/Guardian:	Date:
State Agency/Court Request OR Group Home Representative Si	gnature
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION III TO BE COMPLETED BY DISTRICT OF CHOICE	/DLACENAENT
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/	
Student State ID 771481834	Student Grade
District of Choice/Placement 15	District of Residence
Individual Making Request	Ch. J. J. Div.
✓ Parent/Guardian	Student Placement
Court	Group Home Placement
	Foster Home Placement
Enrollment Start Date 14 Carte to broad 2000	District to District Placement
Enrollment Start Date Warrenber 9, 2020	Annual Pupil Instruction Days
SECTION III. TRANSPORTATION TO BE COMEDITED BY	DISTRICT OF CHOICE IN ACCUSE
SECTION III: TRANSPORTATION – TO BE COMPLETED BY	
NO TRANSPORTATION will be provided. Parent/gua	irdian will transport at own expense (Go to Section IV)
Transportation Provided by District of Choice/Placement	
Bus Service at No Cost	
Bus Service, charging parent/guardian OR District of	Residence \$ per (attach payment schedule)
Bus Service, charging State of Montana \$ per year (c	over-schedule costs only – attach documentation of costs)
	Individual Transportation Contract (3 miles from school/bus stop)
Transportation Provided by District of Residence	
Bus Service at No Cost Bus Service, charging parent/guardian \$ per	(attach navment schedule)



Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$(Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	Tuition Waived		\$(Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	Tuition Waived	\$	\$(District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	<u> </u>	\$(District of Residence)
State/Court Placement (includes foster and group home placements)	\$\$	<u>\$</u>	\$ (State of Montana)
District to District Placement	Tuition Waived	\$\$	\$(District of Residence)
Board Chair: Signature: B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only	required if transporta		2- シュスカ
of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance Agreement the District of Residence OR parent/guardian or state is responsed to the Chair:	Agreement (only if no boonsible for tuition)	transportation and/or	
Signature:		Date:	
C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreen OPI Representative:			
Signature:		Date:	



School Year 2020 - 2021

I request that the following student be allowed to attend a school	district outside the student's District of Residence
Student Name (last, first, middle initial) Miller, Re	ae D.
Birthdate 8/30/05	
7	2 Barring MT 59417
Parent/Guardian Address POBOX 2093/19 Grass Rd Linit 1013 Parent/Guardian Address POBOX 2093/19 Grass Rd Linit (Individual Responsible for Placement	132 Browning MT 594/7
Individual Responsible for Placement Mother Ramona	C:70+C
Relationship to Student Mother	Phone Number 406-845-3986
Agency Responsible for Placement:	
Address (include city, state and zip code):	
Parent Signature This agreement will be returned to the parent/guardian after acc which will be charged to the parent/guardian for attendance. If agrees to pay the costs, if any, charged to the parent/guardian u	
Signature of Parent/Guardian:	Date: 11/23/20
State Agency/Court Request OR Group Home Representative S	ignature
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,	/PLACEMENT
Student State ID 5626 39109	Student Grade
District of Choice/Placement 15	District of Residence
Individual Making Request	Student Placement
☑ Parent/Guardian	Group Home Placement
Court	☐ Foster Home Placement
Enrollment Start Date	District to District Placement Annual Pupil Instruction Days
Enrollment Start Date 11-20-2020	Annual ruph histi detion bays
SECTION III: TRANSPORTATION - TO BE COMPLETED BY	DISTRICT OF CHOICE/PLACEMENT
	ardian will transport at own expense (Go to Section IV)
Transportation Provided by District of Choice/Placement	
Bus Service at No Cost	Davidson 6
Bus Service, charging Liparenty guardian OK Liparenty of Control o	Residence \$ per (attach payment schedule)
☐ Mileage reimbursement to the parent/guardian under a TR-4	Individual Transportation Contract (3 miles from school/bus stop)
Transportation Provided by District of Residence	
Bus Service at No Cost	
Bus Service, charging parent/guardian \$ per	(attach payment schedule) Individual Transportation Contract (more than 3 miles school/bus stop)
I Miloago roimhurcomant to the accept/outside and to the	



Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$(Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	Tuition Waived		\$ (Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	Tuition Waived	\$	\$(District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	\$\$	\$ (District of Residence)
State/Court Placement (includes foster and group home placements)	<u>\$</u>	\$\$	\$ (State of Montana)
District to District Placement	Tuition Waived	<u></u> \$	\$(District of Residence)
Board Chair: Board Chair: Signature: B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement			o be paid by the District
ACKNOWLEDGES receipt of this Student Attendance the District of Residence OR parent/guardian or state is resp	onsible for tuition)		tuition is charged by
Board Chair:Signature:			
C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:			
ACKNOWLEDGES receipt of this Student Attendance Agreen	nent		
OPI Representative:		- 23	
Signature:		Date:	



School Year 2020 - 2021

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN —	
request that the following student be allowed to attend a school	district outside the student's District of Residence
Student Name (last, first, middle initial)	
Reagan Robert R	
The state of the s	
6-14-05 Student Address	
9.0. Box 2572 Browning Mt, 59	417 522 Badger Crush Rd
Parent/Guardian Address P.O. Box 2572 Butruing Mt. 5 Individual Responsible for Placement	9417
Individual Responsible for Placement	
Relationship to Student	Phone Number
mother	406 338-5067 781-2262(1)
Agency Responsible for Placement:	
Address (include city, state and zip code):	
Parent Signature	
	ceptance by the district of choice and will specify the costs, if any,
which will be charged to the parent/guardian for attendance. If	
agrees to pay the costs, if any, charged to the parent/guardian u	inder the terms of this agreement.
\cap \square	
Signature of Parent/Guardian: \annua tall	-Clagae Date: 8-12-21)
State Agency/Court Request OR Group Home Representative S	ignature
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,	/PLACEMENT
Student State ID 495802696	Student Grade
District of Choice/Placement 15	District of Residence
Individual Making Request	Student Placement
☑ Parent/Guardian	☐Group Home Placement
□ Court	☐ Foster Home Placement
☐State Agency	☐ District to District Placement
Enrollment Start Date August 26, 2020	Annual Pupil Instruction Days
SECTION HE TRANSPORTATION - TO BE COMPLETED BY	DISTRICT OF CHOICE/PLACEMENT
☐ NO TRANSPORTATION will be provided. Parent/gua	ardian will transport at own expense (Go to Section IV)
Transportation Provided by District of Choice/Placement	
☑ Bus Service at No Cost	
☐ Bus Service, charging ☐ parent/guardian OR ☐ District of	Residence \$ per (attach payment schedule)
Bus Service, charging State of Montana \$ per year (over-schedule costs only – attach documentation of costs)
	Individual Transportation Contract (3 miles from school/bus stop)
Transportation Provided by District of Residence ☐Bus Service at No Cost	
Bus Service at No Cost Bus Service, charging parent/guardian \$ per	(attach navmost schodulo)
per	(attach payment schedule)



SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT **Total Annual Tuition Regular Education** Special Rate Type of Agreement (Regular Education (Attach FP-14A) (Check one and indicate the annual amounts of Regular Rate Rate + **Education, Special Rate and Total Annual Tuition** Special Rate) Parent/Guardian Request Tuition Waived Discretionary - Parent/Guardian requests to enroll (Parent/Guardian) □ \$ student outside District of Residence ____ Tuition Waived Mandatory - Elementary student to attend where high (Parent/Guardian) school age sibling(s) attends Tuition Waived Mandatory - Student lives closer to school of choice **___\$_** and at least 3 miles from resident district school AND **___\$_** (District of Residence) District of Residence does not provide transportation Mandatory - Geographic barrier prohibits attendance ☐ Tuition Waived (District of Residence) in District of Residence State/Court Placement \$ (includes foster and group home placements) (State of Montana) Tuition Waived **District to District Placement** (District of Residence) SECTION VI AGREEMENTS AND SIGNATURES A signature below acknowledges receipt of the Student Attendance Agreement. Transportation and tuition will be charged to the Parent/Guardian, District of Residence, or the State of Montana as indicated in Sections III and IV. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: APPROVES this Student Attendance Agreement **DISAPPROVES this Student Attendance Agreement** Board Chair: Signature: B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only required if transportation and/or tuition is to be paid by the District of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance Agreement (only if no transportation and/or tuition is charged by the District of Residence OR parent/guardian or state is responsible for tuition) Board Chair: Signature: C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative: Signature: ___



School Year 2020 - 2021

I request that the following student be allowed to attend a school	ol district outside the student's District of Residence
Student Name (last, first, middle initial) Wilder, Jose	alyn H.
Birthdate May 31, 2004	
Student Address 31 Harwood Drive Cut E	Bank, MT 59427
Parent/Guardian Address 31 Harwood Drive,	Cut Bank, MT 59427
Individual Responsible for Placement Christopher /	Regina Wilder
Relationship to Student Parents	Phone Number 360-508-9318
Agency Responsible for Placement:	
Address (include city, state and zip code):	
Parent Signature This agreement will be returned to the parent/guardian after ac which will be charged to the parent/guardian for attendance. If agrees to pay the costs, if any, charged to the parent/guardian c Signature of Parent/Guardian:	cceptance by the district of choice and will specify the costs, if any, if the student attends under this agreement, the parent/guardian under the terms of this agreement. Date: $\frac{5}{5}$
State Agency/Court Request OR Group Home Representative S	Cignature
Signature of Official of State Agency/Court/Group Home:	Date:
	Date:
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID 591901603	Date:
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE	Date:
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID 591901603 District of Choice/Placement 15 Individual Making Request	Date:
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID 591901603 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court	Date: Comparison of the property of the pro
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID 591901603 District of Choice/Placement 15 Individual Making Request	Date:
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID 591901603 District of Choice/Placement 15 Individual Making Request	Date: C/PLACEMENT Student Grade 11 District of Residence 9 Student Placement Group Home Placement Poster Home Placement District to District Placement Annual Pupil Instruction Days 177 OISTRICT OF CHOICE/PLACEMENT ardian will transport at own expense (Go to Section IV) Residence \$ per (attach payment schedule)



Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$(Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	Tuition Waived		\$(Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	Tuition Waived	\$\$	\$(District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	\$\$	\$(District of Residence
tate/Court Placement includes foster and group home placements)	<u>\$</u>	\$\$	\$ (State of Montana)
District to District Placement	Tuition Waived	\$\$	\$(District of Residence)
Board Chair: Doug Ray Signature: Lacyles & Ray		Date:	9-20
la la G. Kan	required if transportat		
of Residence) DISAPPROVES this Student Attendance Agreement		7	
ACKNOWLEDGES receipt of this Student Attendance A the District of Residence OR parent/guardian or state is resp	Agreement (only if no to onsible for tuition)	transportation and/or	tuition is charged by
Board Chair:		1 - 3 - 4 1	
Signature:		Date:	
The Superintendent of Public Instruction:			
ACKNOWLEDGES receipt of this Student Attendance Agreem			
OPI Representative:			