

STUDENT ATTENDANCE AGREEMENT (FP-14) School Year 2020-2021

| Learner to the College and Leaf to the College and Lea | DIAN - 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 initiél) | Marina S |
| Birthdate | 2011 |
| Student Address 129 546 | No 8. W |
| Parent/Guardian Address | Are S. M |
| Individual Responsible for Placement | |
| Relationship to Student | Phone Number \$ 203-7114 |
| Agency Responsible for Placement: Royal | my homes |
| Address (include city, state and zip code): | |
| Parent Signature This agreement will be returned to the parent/guardian af which will be charged to the parent/guardian for attendan agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent guardian agrees to pay the costs and the costs a | fter acceptance by the district of choice and will specify the costs, if any, nce. If the student attends under this agreement, the parent/guardian dian under the terms of this agreement. |
| -Signature of Parent/Guardian: WWW K | All 19-21 |
| | |
| State Agency/Court Request OR Group Home Representa Signature of Official of State Agency/Court/Group Home: | Date: |
| Signature of Official of State Agency/Court/Group Home: _ SECTION II: TO BE COMPLETED BY DISTRICT OF CHO | OICE/PLACEMENT |
| Signature of Official of State Agency/Court/Group Home: _ SECTION II: TO BE COMPLETED BY DISTRICT OF CHO Student State ID | Date: |
| Signature of Official of State Agency/Court/Group Home: _ SECTION II: TO BE COMPLETED BY DISTRICT OF CHE Student State ID District of Choice/Placement Browning | OICE/PLACEMENT Student Grade 3 District of Residence Cul hairle |
| Signature of Official of State Agency/Court/Group Home: _ SECTION II: TO BE COMPLETED BY DISTRICT OF CHE Student State ID District of Choice/Placement Crowning Individual Making Request | OICE/PLACEMENT Student Grade 3 District of Residence Cul hairle Student Placement |
| Signature of Official of State Agency/Court/Group Home: _ SECTION II: TO BE COMPLETED BY DISTRICT OF CHO Student State ID District of Choice/Placement Court in G Individual Making Request Parent/Guardian | OICE/PLACEMENT Student Grade 3 District of Residence Cut hair R Student Placement Group Home Placement |
| Signature of Official of State Agency/Court/Group Home: _ SECTION II: TO BE COMPLETED BY DISTRICT OF CHO Student State ID District of Choice/Placement Court Choice Cho | OICE/PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement |
| Signature of Official of State Agency/Court/Group Home: _ SECTION II: TO BE COMPLETED BY DISTRICT OF CHO Student State ID District of Choice/Placement | OICE/PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement |
| Signature of Official of State Agency/Court/Group Home: _ SECTION II: TO BE COMPLETED BY DISTRICT OF CHO Student State ID District of Choice/Placement Crucing Individual Making Request Parent/Guardian Court | OICE/PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement |
| Signature of Official of State Agency/Court/Group Home: _ SECTION II: TO BE COMPLETED BY DISTRICT OF CHE Student State ID District of Choice/Placement | OICE/PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DBY DISTRICT OF CHOICE/PLACEMENT |
| Signature of Official of State Agency/Court/Group Home:_ SECTION II: TO BE COMPLETED BY DISTRICT OF CHO Student State ID District of Choice/Placement Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETE NO TRANSPORTATION will be provided. Parent | OICE/PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days D BY DISTRICT OF CHOICE/PLACEMENT It/guardian will transport at own expense (Go to Section IV) |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHO Student State ID District of Choice/Placement Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETE NO TRANSPORTATION will be provided. Parent Transportation Provided by District of Choice/Placement Edbus Service at No Cost (Page 21 5 La; 11 4 rais) | OICE/PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DBY DISTRICT OF CHOICE/PLACEMENT t/guardian will transport at own expense (Go to Section IV) |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHO Student State ID District of Choice/Placement Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETE NO TRANSPORTATION will be provided. Parent Transportation Provided by District of Choice/Placement Bus Service at No Cost (Parent 5 Logical France) Bus Service, charging parent/guardian OR | OICE/PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DBY DISTRICT OF CHOICE/PLACEMENT It/guardian will transport at own expense (Go to Section IV) Supposed from Cutbank to meet Brown ray be with 1919 Tict of Residence S. Der James to work to the second of th |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHO Student State ID District of Choice/Placement Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETE NO TRANSPORTATION will be provided. Parent Transportation Provided by District of Choice/Placement Bus Service at No Cost (Parent 5 Luit Freit Bus Service, charging parent/guardian OR District of Montana S | OICE/PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DBY DISTRICT OF CHOICE/PLACEMENT t/guardian will transport at own expense (Go to Section IV) Student Placement District of CHOICE/PLACEMENT t/guardian will transport at own expense (Go to Section IV) State of Residence Specification of |
| Signature of Official of State Agency/Court/Group Home:_ SECTION II: TO BE COMPLETED BY DISTRICT OF CHO Student State ID District of Choice/Placement Court Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETE NO TRANSPORTATION will be provided. Parent Transportation Provided by District of Choice/Placement Bus Service at No Cost (Parent/Suardian OR District of Montana \$ | OICE/PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DBY DISTRICT OF CHOICE/PLACEMENT It/guardian will transport at own expense (Go to Section IV) Supposed from Cutbank to meet Browning Bust 2119 Tict of Residence S. Der Jattack assessment and All 19 |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHO Student State ID District of Choice/Placement Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETE NO TRANSPORTATION will be provided. Parent Transportation Provided by District of Choice/Placement Bus Service at No Cost (Parent/Guardian OR District of Montana \$ per y Mileage relmbursement to the parent/guardian under a Transportation Provided by District of Residence | OICE/PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DBY DISTRICT OF CHOICE/PLACEMENT t/guardian will transport at own expense (Go to Section IV) Student Placement Group Home Placement Annual Pupil Instruction Days DBY DISTRICT OF CHOICE/PLACEMENT t/guardian will transport at own expense (Go to Section IV) State of Residence Specification |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHO Student State ID District of Choice/Placement Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION 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 I parent/guardian OR I District of Montana \$ per y Mileage reimbursement to the parent/guardian under a Transportation Provided by District of Residence Bus Service, charging parent/guardian S per | OICE/PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DBY DISTRICT OF CHOICE/PLACEMENT t/guardian will transport at own expense (Go to Section IV) Student Placement Group Home Placement Annual Pupil Instruction Days DBY DISTRICT OF CHOICE/PLACEMENT t/guardian will transport at own expense (Go to Section IV) State of Residence Specification |



SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT

| (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 | Tuition Waived | | \$ | | |
| Discretionary – Parent/Guardian requests to enroll student outside District of Residence | Ü \$ | | (Parent/Guardian) | | |
| Mandatory — Elementary student to attend where high | Tuition Waived | | | | |
| school age sibling(s) attends | □ s | | \$(Parent/Guardian) | | |
| Mandatory - Student lives closer to school of choice | Tuition Waived | | | | |
| and at least 3 miles from resident district school AND | <u>\$</u> | <u>\$</u> | \$(District of Residence) | | |
| District of Residence does not provide transportation Mandatory – Geographic barrier prohibits attendance | Tuition Waived | | (and a second second | | |
| in District of Residence | S\$ | \$ | \$ | | |
| State/Court Placement | 1 -1 -3 | | (District of Residence) | | |
| (includes foster and group home placements) | | \$ | \$(State of Montana) | | |
| District to District Placement | Tuition Waived | | | | |
| | □_\$ | \$ | \$(District of Residence) | | |
| SECTION V: AGREEMENTS AND SIGNATURES | | | , | | |
| A signature below acknowledges receipt of the Student Attendan | ce Agreement Transpo | artation and tuition wi | Il ha characel to the | | |
| Parent/Guardian, District of Residence, or the State of Montana of | is indicated in Sections | ill and IV. | in be charged to the | | |
| A. DISTRICT OF CHOICE/PLACEMENT | The state of the s | | man hand | | |
| The Board of Trustees: | T-A-PA | A STATE OF THE STA | ~ | | |
| APPROVES this Student Attendance Agreement | • | | | | |
| DISAPPROVES this Student Attendance Agreement | | | | | |
| • | | | | | |
| Board Chair: | | | | | |
| Signature: | | Date: | | | |
| B. DISTRICT OF RESIDENCE | | | | | |
| The Board of Trustees: | | | | | |
| APPROVES this Student Attendance Agreement (only r | equired if transportation | on and/or tuition is to I | he naid by the District | | |
| of Residence) | , | | so poid of the District | | |
| DISAPPROVES this Student Attendance Agreement | | | | | |
| ACKNOWLEDGES receipt of this Student Attendance A | - | | | | |
| 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: | | Date: | | | |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: | | | | | |
| ACKNOWLEDGES receipt of this Student Attendance Agreeme | | | | | |
| ACTIVOMERIALS receipt of this Student Attendance Agreeme | ent | | | | |
| OPI Representative: | | | | | |
| Signature: | | Date: | | | |



STUDENT ATTENDANCE AGREEMENT (FP-14) School Year 20 20 20

| SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN - | | |
|--|---|--|
| 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) | 00 10 00 11 | |
| Rights | fillante y. | |
| Birthdate ec | 4th 2019 1 | |
| Student Address 129 Sty | e S.W | |
| Parent/Guardian Address 29 54 40 | e S.W | |
| Individual Responsible for Placement | Massia 1. | |
| Relationship to Student | Phone Number \$ 13-075,5 \$ 203-7(14 | |
| Agency Responsible for Placement: | nor homes | |
| Address (include city, state and zip code): | Land. | |
| 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 u | ceptance by the district of choice and will specify the costs, if any, the student attends under this agreement, the parent/guardian nder the terms of this agreement. | |
| Signature of Parent/Guardian: | Date: 10/2000 | |
| State Agency/Court Request OR Group Home Representative Signature | | |
| State Agency/Court Request OR Group Home Representative S | gnature | |
| Signature of Official of State Agency/Court/Group Home: | gnature Date: | |
| | Date: | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID | Date: | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID | PLACEMENT Student Grade 5 | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Brown na | PLACEMENT Student Grade 5 District of Residence Ck4banK | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Brown na Individual Making Request | PLACEMENT Student Grade 5 District of Residence Culbank Student Placement | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Brown na Individual Making Request Parent/Guardian | PLACEMENT Student Grade 5 District of Residence Culbank Student Placement Group Home Placement | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Brown na Individual Making Request Parent/Guardian Court | PLACEMENT Student Grade 5 District of Residence Ckfbank Student Placement Group Home Placement Foster Home Placement | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Brown na Individual Making Request Parent/Guardian | PLACEMENT Student Grade 5 District of Residence Culbank Student Placement Group Home Placement District to District Placement | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Brown na Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date | PLACEMENT Student Grade 5 District of Residence Culbunk Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Brown ng Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY | PLACEMENT Student Grade 5 District of Residence Cufbank Student Placement Group Home Placement UFoster Home Placement UDistrict to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Browning 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 | PLACEMENT Student Grade 5 District of Residence Cufbank 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) | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Browning 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 | PLACEMENT Student Grade 5 District of Residence Cufbank 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) | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Brown na 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 (Parent Will transpire) | Date: | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Brown na 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 (Parent Will transport of I Bus Service, charging parent/guardian OR District of I Bus Service, charging State of Montana \$ per year for the parent/guardian or per year for the | Date: | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Brown na 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 (Parent Will transport of I Bus Service, charging parent/guardian OR District of I Bus Service, charging State of Montana \$ per year for the parent/guardian or per year for the | Date: | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Brown na 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 (Parent Will transport of I Bus Service, charging parent/guardian OR District of I Bus Service, charging state of Montana \$ per year (o Mileage reimbursement to the parent/guardian under a TR-4 I Transportation Provided by District of Residence | Date: | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Brown na 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 (Parent Will transport of I Bus Service, charging parent/guardian OR District of I Bus Service, charging state of Montana \$ per year (o Mileage reimbursement to the parent/guardian under a TR-41 Transportation Provided by District of Residence Bus Service at No Cost | Date: | |
| Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID District of Choice/Placement Brown na 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 (parent will transport of I Bus Service, charging parent/guardian OR District of I Bus Service, charging State of Montana \$ per year (o Mileage reimbursement to the parent/guardian under a TR-4 I Transportation Provided by District of Residence Bus Service, charging parent/guardian \$ per | Date: | |



SECTION IV: TUITION COSTS – TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT

| 2EC | ION IV: TOTTON COSTS - TO BE COMPLETED BY DIS | , | | | |
|---|---|--|---------------------------------------|--|--|
| | Type of Agreement | Regular Education | Special Rate | Total Annual Tuition | |
| | (Check one and indicate the annual amounts of Regular | Rate | (Attach FP-14A) | (Regular Education | |
| | Education, Special Rate and Total Annual Tuition | İ | | Rate + | |
| _ | - Allow Bounds | 17 | | Special Rate) | |
| Par | ent/Guardian Request | Tuition Waived | | \$ | |
| | Discretionary – Parent/Guardian requests to enroll student outside District of Residence | □_\$ | | (Parent/Guardian) | |
| | Mandatory – Elementary student to attend where high | Tuition Waived | | | |
| | school age sibling(s) attends | | | \$ | |
| | | \$ | | (Parent/Guardian) | |
| | Mandatory – Student lives closer to school of choice | Tuition Waived | | \$ | |
| | and at least 3 miles from resident district school AND | Q_\$ | \$ | (District of Residence) | |
| | District of Residence does not provide transportation | Tuition Waived | | | |
| | Mandatory – Geographic barrier prohibits attendance | l <u> </u> | \$ | \$ | |
| | in District of Residence | <u>\$</u> | | (District of Residence) | |
| | te/Court Placement | □ s | \$ | \$ | |
| (inc | ludes foster and group home placements) | | — — | (State of Montana) | |
| Dis | trict to District Placement | Tuition Waived | | \$ | |
| <u>'</u> | Jana A | □ \$ | \$ | (District of Residence) | |
| | ~~ £ | -{ | · · · · · · · · · · · · · · · · · · · | (Substitution of the substitution of the subst | |
| | TION V: AGREEMENTS AND SIGNATURES | - 'mag | | | |
| | gnature below acknowledges receipt of the Student Attendan | | | ill be charged to the | |
| Par | ent/Guardian, District of Residence, or the State of Montana a | s indicated in Sections | III and IV. | <u>~~</u> | |
| A. | DISTRICT OF CHOICE/PLACEMENT | | 122 | 1 1 | |
| | The Board of Trustees: | | | for the | |
| | APPROVES this Student Attendance Agreement | | \$. e | ** | |
| | | · | | | |
| | DISAPPROVES this Student Attendance Agreement | | | | |
| 1 | manual disets | | | | |
| | Board Chair: | | | | |
| | Signature: | | Date: | | |
| <u> </u> | | | | | |
| B. | DISTRICT OF RESIDENCE | | | | |
| ļ | The Board of Trustees: | | | | |
| 1 | APPROVES this Student Attendance Agreement (only r | equired if transportati | on and/or tuition is to | be paid by the District | |
| 1 | of Residence) | | | | |
| l | DISAPPROVES this Student Attendance Agreement | | | | |
| | | | | | |
| ACKNOWLEDGES receipt of this Student Attendance Agreement (only if no transportation and/or tuition is charged by | | | | | |
| l | the District of Residence OR parent/guardian or state is response | onsible for tuition) | | | |
| İ | manual of atom | | | | |
| | Board Chair: | | | | |
| 1 | Olera abusana | | Date | | |
| | | | | | |
| <u></u> | Signature: | | Date: | | |
| C. | SUPERINTEDENT OF PUBLIC INSTRUCTION | | Date: | | |
| C. | | | Date: | | |
| C. | SUPERINTEDENT OF PUBLIC INSTRUCTION | | Date: | | |
| C. | SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement | ent | , | | |
| C. | SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: | ent | , | | |
| C. | SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement | ent | | | |



STUDENT ATTENDANCE AGREEMENT (FP-14) School Year 20 20-20

| SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN - I request that the following student be allowed to attend a schoo | I district outside the student's District of Residence |
|---|--|
| Student Name (last, first, middle initial) | |
| Ridly | energain J. |
| Birthdate hully 1 | 2008 |
| Student Address 129 5th | Ave S.W. |
| Parent/Guardian Address 1 29 5 44 | Ave S.W |
| Individual Responsible for Placement | mis |
| Relationship to Student | Phone Number 8 3 - 3 - 3 13 5 1 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 |
| Agency Responsible for Placement: | • |
| Address (include city, state and zip code): | <u></u> |
| which will be charged to the parent/guardian for attendance. It agrees to pay the costs, if any, charged to the parent/guardian | 18/200 |
| Signature of Parent/Guardian: | Date: IN JUST |
| State Agency/Court Request OR Group Home Representative | Signature |
| Signature of Official of State Agency/Court/Group Home: | Date: |
| 2 Signature of Others of State Agency/Court/ group notice: | Date. |
| | |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID | |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID | /PLACEMENT //Student Grade 7 |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID District of Choice/Placement Browning Individual Making Request | PLACEMENT Student Grade Obstrict of Residence Obstrict Student Placement Obstrict Obs |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID District of Choice/Placement Brown, ng Individual Making Request Parent/Guardian | Student Grade Culbank Student Placement Group Home Placeme |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID District of Choice/Placement Brown, ng Individual Making Request Parent/Guardian Court | Student Grade The Student Grade Student Placement Group Home Placement Group Home Placement Groster Home Plac |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID District of Choice/Placement Brown ing Individual Making Request Parent/Guardian Court State Agency | 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 District of Choice/Placement Brown ing Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date | PLACEMENT Placement Placement Placement Placement Poster Home Placement District to District Placement Annual Pupil Instruction Days |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID District of Choice/Placement Brown ing Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY | Student Grade District of Residence July Barrik 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 District of Choice/Placement Brown ng Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/gu Transportation Provided by District of Choice/Placement Bus Service at No Cost (Parent/S Will I Mansport for Bus Service, charging parent/guardian OR District of Bus Service, charging State of Montana Spery per year | Student Grade District of Residence Majbank Student Placement Group Home Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT Ardian will transport at own expense (Go to Section IV) Form Calbank to Meet Browning birst 21/9 Residence \$ per (attach payment schedule) |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID District of Choice/Placement Brown, ng Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/gu Transportation Provided by District of Choice/Placement Bus Service at No Cost (Parent/S Will I Mansport for Justice of Choice) Bus Service, charging parent/guardian OR District of District of Choice, charging State of Montana Spery per year | District of Residence / / / / / / / / / / / / / / / / / / / |



| Type of Agreement | Regular Education | Special Rate | Total Annual Tuition | |
|---|----------------------|------------------------|---|--|
| (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 | Tuition Waived | | \$ | |
| student outside District of Residence | <u>\$</u> | | (Parent/Guardian) | |
| Mandatory - Elementary student to attend where high | Tuition Waived | | \$ | |
| school age sibling(s) attends Mandatory – Student lives closer to school of choice | \$ Tuition Waived | | (Parent/Guardian) | |
| and at least 3 miles from resident district school AND District of Residence does not provide transportation | S\$ | <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) | |
| SECTION V: AGREEMENTS, AND SIGNATURES | 7 | | (Classical Control of | |
| A signature below acknowledges receipt of the Student Attendan | ce Agreement. Transp | ortation and tuition w | ill be charged to the | |
| Parent/Guardian, District of Residence, or the State of Montana o | | | | |
| A. DISTRICT OF CHOICE/PLACEMENT | | | | |
| The Board of Trustees: | | | | |
| APPROVES this Student Attendance Agreement | | | | |
| DISAPPROVES this Student Attendance Agreement | | | | |
| Board Chair: | | | | |
| Signature: | | Date: | | |
| 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: | | Date: | | |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION | | | | |
| The Superintendent of Public Instruction: | | | | |
| ACKNOWLEDGES receipt of this Student Attendance Agreement | | | | |
| OPI Representative: | | | | |
| Signature: | | Date: | | |