



Jefferson High School

PO Box 838, Boulder, MT 59632

District Office
406-225-3740

Superintendent - Tim Norbeck

Business Manager – Lorie Carey

Activities Director – Dan Sturdevant

School Office
406-225-3317

Principal – Mike Moodry

Counselor – Joe Michaud

School Secretary – Amy Williams

Administrative Assistant – Aubrie Carey

December 7, 2020

Business Manager/District Clerk

RE: Attendance Agreements

Enclosed you will find the attendance agreement for the student(s) who was(were) enrolled at Jefferson High School for **FY 2020/21** but whose parent(s) resides(reside) in your district. In accordance with 20-5-320 MCA, it is the responsibility of the school of choice to send an attendance agreement to the school of residence. The only action to be taken by the school of residence is to approve or acknowledge the agreement and send it back to the school of choice (JHS).

If you have any questions or feel you have received this in error, please contact our district office and ask for Aubrie or Lorie at 225-3740 or the address above.

Sincerely,

Aubrie J Carey
Administrative Assistant

STUDENT ATTENDANCE AGREEMENT (FP-14)

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) <u>Myo, Gabriel</u>	
Birthdate <u>5/30/06</u>	
Student Address <u>Box 850 Browning, MT 59417</u>	
Parent/Guardian Address <u>Box 850 Browning, MT 59417 95 Joe Shoe Rd Browning</u>	
Individual Responsible for Placement <u>Melissa Pakas</u>	
Relationship to Student <u>Legal Guardian</u>	Phone Number <u>406-338-5181</u>
Agency Responsible for Placement: <u>Blackfeet Tribal CPS</u>	
Address (include city, state and zip code): <u>Box 850 Browning, MT 59417</u>	
Parent Signature	
<p>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.</p>	
Signature of Parent/Guardian: <u>[Signature]</u>	Date: <u>6/24/2020</u>
State Agency/Court Request OR Group Home Representative Signature	
Signature of Official of State Agency/Court/Group Home: _____ Date: _____	

SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT

Student State ID <u>984026471</u>	Student Grade <u>9</u>
District of Choice/Placement <u>Jefferson High</u>	District of Residence <u>Browning</u>
Individual Making Request <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
Enrollment Start Date <u>8.24.2020</u>	Annual Pupil Instruction Days <u>148</u>

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	
<input type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging <input type="checkbox"/> parent/guardian OR <input type="checkbox"/> District of Residence \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Bus Service, charging State of Montana \$ _____ per year (over-schedule costs only – attach documentation of costs) <input type="checkbox"/> 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	
<input type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging parent/guardian \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)	

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

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	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (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	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement (includes foster and group home placements)	<input type="checkbox"/> \$ <u>1440.40</u>	<input type="checkbox"/> \$ _____	\$ <u>1440.40</u> (State of Montana)
District to District Placement	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: 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.

A. DISTRICT OF CHOICE/PLACEMENT

The Board of Trustees:

- APPROVES this Student Attendance Agreement
 DISAPPROVES this Student Attendance Agreement

Board Chair: Camilla Robson

Signature: Camilla A. Robson Date: 10-21-2020

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. SUPERINTENDENT OF PUBLIC INSTRUCTION

The Superintendent of Public Instruction:

ACKNOWLEDGES receipt of this Student Attendance Agreement

OPI Representative: Nicole R Thuttle

Signature: Nicole R Thuttle Date: 11/18/2020