

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 11-30-21



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**Recognition:**   ☐ Students                      ☐ Staff                      ☐ Parents  
**Information:**   ☐ Building Report                      ☐ Old Business                      ☐ Superintendent's Report  
**Action:**   ☐ Resignation                      ☐ Hiring                      ☐ Contract Service Agreements  
                    ☐ Travel Out-of-State                      ☐ Travel In State                      ☒ Approvals  
                    ☐ Termination                      ☐ Legal Matters                      ☐ Other:  
This action request pertains to ☒ Elementary (only)                      ☐ High School/District Wide

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**Date:**    11-12-21

**To:**        Corrina Guardipee-Hall  
              Superintendent

**From:**   Teri DeRoche  
**Title:**    Transportation Supervisor

**Subject:**   **Student Attendance Agreement 2021/2022**

**Description:** Student attending school in Cut Bank School middle school.

**Financial Impact:** N/A

**Funding Source (Budget/grant, etc.):** N/A

**Attachment(s):** Student Attendance Agreement 2021/2022

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**   ☐ N/A (Info)    ☐ Approved    ☐ Denied    ☐ Tabled to: \_\_\_\_\_

## STUDENT ATTENDANCE AGREEMENT (FP-14)

School Year 20~~21~~ - 20~~22~~

### 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)	
Lambert, Wynter R.	
Birthdate	
11-30-07	
Student Address	
P.O. Box 2574 Breeding, MT 57417 31 Bus Garage Rd	
Parent/Guardian Address	
Keri Walter P.O. Box 2574 Breeding, MT 57417	
Individual Responsible for Placement	
Horn Keri Walter	
Relationship to Student	Phone Number
Mom	406-338-5442
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: Keri Walter Date: 10-22-21	
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	Student Grade
909174332	8
District of Choice/Placement	District of Residence
15	9
Individual Making Request	Student Placement
<input checked="" type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Group Home Placement
<input type="checkbox"/> Court	<input type="checkbox"/> Foster Home Placement
<input type="checkbox"/> State Agency	<input type="checkbox"/> District to District Placement
Enrollment Start Date	Annual Pupil Instruction Days
August 26, 2020	177

### 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 checked="" 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)
<b>Parent/Guardian Request</b>			
Discretionary – Parent/Guardian requests to enroll student outside District of Residence	<input checked="" 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)
<b>State/Court Placement</b> (includes foster and group home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<b>District to District Placement</b>	<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: Doug Ray

Signature:  Date: 11-9-21

**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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_