

School Year 2020 - 2021

| request that the following student be allowed to attend a scho   | ool district outside the student's District of Residence  |
|--|---|
| Student Name (last, first, middle initial) MacKenzie   | : Jo Johnson  |
| 04/05/2005   |   |
| Student Address 3662 Chalk Butte Road  | d, Cut Bank, MT 59427   |
| Parent/Guardian Address same   |   |
| ndividual Responsible for Placement Todd Johnso  | on  |
| Relationship to Student father   | Phone Number 406-336-3538   |
| Agency Responsible for Placement:  |   |
| Address (include city, state and zip code):  |   |
|  | acceptance 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: 7-28-20   |
| State Agency/Court Request OR Group Home Representative  | e Signature Date:   |
|  |   |
| ECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE Student State ID 512063954  | Student Grade 10  |
| District of Choice/Placement 15  | District of Residence 9   |
| ndividual 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 ☐ Bus Service, charging State of Montana \$ per year | BY DISTRICT OF CHOICE/PLACEMENT guardian will transport at own expense (Go to Section IV)  t of Residence \$ (attach payment schedule) ar (over-schedule costs only – attach documentation of costs) (R-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  |   |



| (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition  | Rate                  | (Attach FP-14A)          | (Regular Education<br>Rate +<br>Special Rate) |
|---|-----------------------|--------------------------|---|
| Parent/Guardian Request  Discretionary — Parent/Guardian requests to enroll student outside District of Residence   | Tuition Waived        |                          | \$<br>(Parent/Guardian)                       |
| Mandatory – Elementary student to attend where high school age sibling(s) attends   | Tuition Waived        |                          | \$<br>(Parent/Guardian)                       |
| Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>District of Residence does not provide transportation | Tuition Waived        | \$\$                     | \$(District of Residence)                     |
| Mandatory – Geographic barrier prohibits attendance in District of Residence  | Tuition Waived        | <b></b> \$\$             | \$<br>(District of Residence)                 |
| tate/Court Placement includes foster and group home placements)   | \$                    | \$\$                     | \$<br>(State of Montana)                      |
| District to District Placement  | Tuition Waived        | \$\$                     | \$<br>(District of Residence)                 |
| Board Chair:  Doug Ray  Signature:  |                       | Date:8                   | -11-20  |
| Signature:  B. DISTRICT OF RESIDENCE The Board of Trustees:  ——————————————————————————————————   | Agreement (only if no | tion and/or tuition is t | o be paid by the District                     |
| Board Chair:Signature:  |                       |                          |   |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION  The Superintendent of Public Instruction:  ACKNOWLEDGES receipt of this Student Attendance Agreem                               | A Trial               |                          |   |
| OPI Representative:   |                       |                          |   |
| Signature:  | 4                     | Date:                    |   |



School Year 2020 - 2021

| I request that the following student be allowed to attend a sch  | hool district outside the student's District of Residence   |
|--|---|
| Student Name (last, first, middle initial) ArrowTop  | Knot, Ebonee E  |
| Birthdate December 8, 2007   |   |
| Student Address 10 Yellowbirdwoman F   |   |
| Parent/Guardian Address 10 Yellowbirdwon   |   |
| Individual Responsible for Placement Randy Auga  | are / Joe ArrowTopKnot  |
| Relationship to Student Parents  | Phone Number 406-573-4404   |
| Agency Responsible for Placement:  |   |
| Address (include city, state and zip code):  |   |
| Parent Signature This agreement will be returned to the parent/guardian after which will be charged to the parent/guardian for attendance agrees to pay the costs, if any, charged to the parent/guardian Signature of Parent/Guardian:  | r acceptance by the district of choice and will specify the costs, if any, e. If the student attends under this agreement, the parent/guardian an under the terms of this agreement.  Date: 6.12.20   |
| State Agency/Court Request OR Group Home Representative Signature of Official of State Agency/Court/Group Home:  | ve Signature  Date:   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOI  | ICE/PLACEMENT   |
| Student State ID 842888315   | Student Grade 7   |
| 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 ☐ Bus Service, charging State of Montana \$ per yee ☐ Mileage reimbursement to the parent/guardian under a Total Company of the University of the U | O BY DISTRICT OF CHOICE/PLACEMENT  /guardian will transport at own expense (Go to Section IV)  ct of Residence \$ per (attach payment schedule)  ear (over-schedule costs only – attach documentation of costs)  IR-4 Individual Transportation Contract (3 miles from school/bus stop) |
| Transportation Provided by District of Residence  ☐Bus Service at No Cost  |   |



| (    | Type of Agreement Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition   | Regular Education<br>Rate | Special Rate<br>(Attach FP-14A)   | Total Annual Tuition<br>(Regular Education<br>Rate +<br>Special Rate) |
|------|---|---------------------------|---|---|
| Pare | nt/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence  | Tuition Waived            |   | \$<br>(Parent/Guardian)   |
|      | Mandatory – Elementary student to attend where high school age sibling(s) attends   | Tuition Waived            |   | \$<br>(Parent/Guardian)   |
|      | Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>District of Residence does not provide transportation   | Tuition Waived            | \$\$  | \$(District of Residence)   |
|      | Mandatory – Geographic barrier prohibits attendance in District of Residence  | Tuition Waived            | \$\$  | \$<br>(District of Residence)   |
|      | e/Court Placement<br>udes foster and group home placements)   | <b></b> \$                | <u></u> \$\$  | \$<br>(State of Montana)  |
| Dist | rict to District Placement  | Tuition Waived            | <u></u> \$\$  | \$<br>(District of Residence)   |
| В.   | The Board of Trustees:  APPROVES this Student Attendance Agreement  DISAPPROVES this Student Attendance Agreement  Board Chair:  Doug Bay  Signature:  DISTRICT OF RESIDENCE  The Board of Trustees:  APPROVES this Student Attendance Agreement (only roof Residence)  DISAPPROVES this Student Attendance Agreement  ACKNOWLEDGES receipt of this Student Attendance Attendance Attendance OR parent/guardian or state is respective. | greement (only if no t    | ion and/or tuition is t   |   |
|      | Board Chair:  |                           |   |   |
|      | Signature:  |                           | Date:   |   |
| C.   | SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:   |                           |   |   |
|      | ACKNOWLEDGES receipt of this Student Attendance Agreem  | ent                       |   |   |
|      | OPI Representative:   |                           | 10 TO |   |
|      | Signature:  |                           | Date:   | der and a second  |



School Year 20 20 - 20 21

#### 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) ArrowTopKnot, Kaydence A. Birthdate October 27, 2006 Student Address 10 Yellowbirdwoman Road, Blackfoot, MT Parent/Guardian Address 10 Yellowbirdwoman Road, Blackfoot, MT Individual Responsible for Placement Randy Augare / Joe ArrowTopKnot Phone Number 406-573-4404 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 153694678 Student Grade 8 District of Choice/Placement 15 District of Residence o Student Placement Individual Making Request ☐ Group Home Placement ☑ Parent/Guardian □ Court ☐ Foster Home Placement District to District Placement ☐ State Agency 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 \$\_ (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)



| Parent/Guardian Request  Discretionary – Parent/Guardian requests to enroll student outside District of Residence  Mandatory – Elementary student to attend where high school age sibling(s) attends  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  Mandatory – Geographic barrier prohibits attendance in District of Residence  State/Court Placement  (includes foster and group home placements)  District to District Placement  SECTION V: AGREEMENTS AND SIGNATURES  A signature below acknowledges receipt of the Student Attendance Parent/Guardian, District of Residence, or the State of Montana at A. DISTRICT OF CHOICE/PLACEMENT  The Board of Trustees:  APPROVES this Student Attendance Agreement  DISAPPROVES this Student Attendance Agreement  Board Chair:  Doug Ray  Doug Ray  Doug Ray  Doug Ray |  |                       | \$(Parent/Guardian)  \$(Parent/Guardian)  \$(District of Residence)  \$(District of Residence)  \$(State of Montana)  \$(District of Residence) |
|---|--|-----------------------|---|
| School age sibling(s) attends  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 Mandatory – Geographic barrier prohibits attendance in District of Residence  State/Court Placement (includes foster and group home placements)  District to District Placement  SECTION V: AGREEMENTS AND SIGNATURES  A signature below acknowledges receipt of the Student Attendance Parent/Guardian, District of Residence, or the State of Montana and Parent/Guardian, District of Residence, or the State of Montana and Parent/Guardian of Trustees:   | \$ Tuition Waived \$ Tuition Waived \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |                       | \$(District of Residence)  \$(District of Residence)  \$(State of Montana)  \$(State of Montana)  |
| and at least 3 miles from resident district school AND District of Residence does not provide transportation Mandatory – Geographic barrier prohibits attendance in District of Residence  State/Court Placement (includes foster and group home placements)  District to District Placement  SECTION V: AGREEMENTS AND SIGNATURES  A signature below acknowledges receipt of the Student Attendance Parent/Guardian, District of Residence, or the State of Montana and A. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees:   | Tuition Waived  \$ \$ \$ \$ Tuition Waived  \$ \$ \$ ### Agreement. Transp                   |                       | (District of Residence)  \$   |
| in District of Residence  State/Court Placement (includes foster and group home placements)  District to District Placement  SECTION V: AGREEMENTS AND SIGNATURES  A signature below acknowledges receipt of the Student Attendance Parent/Guardian, District of Residence, or the State of Montana and A. DISTRICT OF CHOICE/PLACEMENT  The Board of Trustees:   | \$ \$ Tuition Waived \$ \$   | ¥                     | (District of Residence) \$(State of Montana) \$   |
| (includes foster and group home placements)  District to District Placement  SECTION V: AGREEMENTS AND SIGNATURES  A signature below acknowledges receipt of the Student Attendance Parent/Guardian, District of Residence, or the State of Montana a.  A. DISTRICT OF CHOICE/PLACEMENT  The Board of Trustees:  APPROVES this Student Attendance Agreement  DISAPPROVES this Student Attendance Agreement  Board Chair:  Doug Rev  Signature:  | \$\$ e Agreement. Transp   | ¥                     | (State of Montana)  |
| A signature below acknowledges receipt of the Student Attendance Parent/Guardian, District of Residence, or the State of Montana a.  A. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees:   | \$\$ e Agreement. Transp   | ¥                     |   |
| A signature below acknowledges receipt of the Student Attendance Parent/Guardian, District of Residence, or the State of Montana a.  A. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees:  APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Board Chair:  Doug Rev Signature:  District of Residence, or the Student Annual Chair State of Montana a.  A. DISTRICT OF CHOICE/PLACEMENT  The Board of Trustees:  APPROVES this Student Attendance Agreement  DISAPPROVES this Student Attendance Agreement  Board Chair:  Doug Rev  Signature:   |  |                       |   |
| B. DISTRICT OF RESIDENCE  |  | Date:                 | ,-9-20  |
| The Board of Trustees:  APPROVES this Student Attendance Agreement (only r of Residence)  DISAPPROVES this Student Attendance Agreement  ACKNOWLEDGES receipt of this Student Attendance Agreement the District of Residence OR parent/guardian or state is response.  Board Chair:   | greement (only if no tonsible for tuition)   | transportation and/or |   |
| Signature:  |  | Date:                 |   |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION  The Superintendent of Public Instruction:  ACKNOWLEDGES receipt of this Student Attendance Agreement  |  |                       |   |
| OPI Representative:Signature:   |  | Date:                 |   |



School Year 2020 - 2021

| I request that the following student be allowed to attend a school   |   |
|--|---|
| Ctudent Name (last first middle initial)   | not, Mason D.   |
| May 8, 2010  |   |
| Student Address 10 Yellowbirdwoman Ro  | ad, Blackfoot, MT   |
| Parent/Guardian Address 10 Yellowbirdwoma  | n Road, Blackfoot, MT   |
| Individual Responsible for Placement Randy Augare  |   |
| Relationship to Student Parents  | Phone Number 406-573-4404   |
| 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: | 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.  Date: Lolo, Doc 5 |
| State Agency/Court Request OR Group Home Representative Signature of Official of State Agency/Court/Group Home:  | gnature  Date:  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE  | PLACEMENT   |
| Student State ID 811293923   | Student Grade 4   |
| 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   |
| 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  |   |
| ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year (or  | Residence \$ per (attach payment schedule) 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 ☐ Mileage reimbursement to the parent/guardian under a TR-4  | (attach payment schedule) 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<br>Rate +<br>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                                 |   | \$<br>(Parent/Guardian)                          |
| Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>District of Residence does not provide transportation   | Tuition Waived                                 | <b></b> \$  | \$(District of Residence)                        |
| Mandatory – Geographic barrier prohibits attendance in District of Residence  | Tuition Waived                                 | <u>\$</u>   | \$<br>(District of Residence)                    |
| State/Court Placement   |  |   | \$   |
| (includes foster and group home placements)   | L\$  | L_ \$   | (State of Montana)                               |
| District to District Placement  | Tuition Waived                                 | <u>\$</u>   | \$(District of Residence)                        |
| The Board of Trustees:  APPROVES this Student Attendance Agreement  DISAPPROVES this Student Attendance Agreement  Board Chair:  Doug Bay   |  |   |  |
| Signature: Lougles & Ray  |  | Date:   | -9-20  |
|   |  |   |  |
| B. DISTRICT OF RESIDENCE The Board of Trustees:  APPROVES this Student Attendance Agreement (only rof Residence)  DISAPPROVES this Student Attendance Agreement  ACKNOWLEDGES receipt of this Student Attendance Agreement the District of Residence OR parent/guardian or state is response.   | greement (only if no one on sible for tuition) | tion and/or tuition is t<br>transportation and/or | to be paid by the District                       |
| B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only rof Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance Attendance Attendance Agreement the District of Residence OR parent/guardian or state is response.  Board Chair:  | greement (only if no onsible for tuition)      | tion and/or tuition is t<br>transportation and/or | to be paid by the District tuition is charged by |
| B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only rof Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance Athe District of Residence OR parent/guardian or state is response Board Chair:  Signature:  Signature:  C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement | greement (only if no onsible for tuition)      | tion and/or tuition is t<br>transportation and/or | to be paid by the District tuition is charged by |
| B. DISTRICT OF RESIDENCE The Board of Trustees:  APPROVES this Student Attendance Agreement (only rof Residence)  DISAPPROVES this Student Attendance Agreement  ACKNOWLEDGES receipt of this Student Attendance Atthe District of Residence OR parent/guardian or state is response Board Chair:  Signature:  C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:   | egreement (only if no sonsible for tuition)    | tion and/or tuition is t                          | to be paid by the District tuition is charged by |



School Year 2020- 20 21

| 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)   |   |
| Capiels, mosa Nicole   |   |
| Birthdate 07/25/2016   |   |
| Student Address 9692 Hwa 89 5  | outh PO. Box 2053 Browning  |
| Parent/Guardian Address Same   | , the same  |
| Individual Responsible for Placement Euca Educi  | rds   |
| Relationship to Student  Mother  | Phone Number 406-470-0789   |
| 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: | nder the terms of this agreement.                                     |
|  | Date: 1/16/2020   |
| 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/   |   |
| Student State ID 299373899   | Student Grade   |
| District of Choice/Placement 15  | District of Residence   |
| Individual Making Request  | Student Placement   |
|  | ☐ Group Home Placement .  |
| ☐ State Agency   | Foster Home Placement   |
| Enrollment Start Date  | District to District Placement Annual Pupil Instruction Days          |
| 111-(35(-  |   |
| 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   | Residence \$ per (attach payment schedule)                            |
| - Dus service, charging state of Montana s   | Ver-schedule costs only attack de |
| Mileage reimbursement to the parent/guardian under a TD 44   |   |
| — Mileage reinibursement to the parent/guardian under a TR-41  | ndividual Transportation Contract (3 miles from school/bus stop)      |
| transportation Provided by District of Residence   | 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   | ndividual Transportation Contract (3 miles from school/bus stop)      |



TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT

|         | Type of Agreement  eck one and indicate the annual amounts of Regular  Education, Special Rate and Total Annual Tuition  | Regular Education<br>Rate                   | Special Rate<br>(Attach FP-14A)                 | Total Annual Tuition<br>(Regular Education<br>Rate +<br>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<br>and at least 3 miles from resident district school AND<br>District of Residence does not provide transportation  | Tuition Waived                              | \$\$  | \$(District of Residence)   |
|         | Mandatory – Geographic barrier prohibits attendance in District of Residence   | Tuition Waived                              | \$\$  | \$<br>(District of Residence)   |
| State/C | Court Placement es foster and group home placements)   | \$\$  | <u>\$</u>                                       | \$(State of Montana)  |
|         | t to District Placement  | Tuition Waived                              | \$\$  | \$(District of Residence)   |
| Si      | APPROVES this Student Attendance Agreement  DISAPPROVES this Student Attendance Agreement  oard Chair:  Ignature:  |   | Date:   | 9-8-90  |
| B. D Th | DISAPPROVES this Student Attendance Agreement oard Chair:  Ignature:  ISTRICT 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 the District of Residence OR parent/guardian or state is resident Chair:           | Agreement (only if no ponsible for tuition) | ation and/or tuition is<br>transportation and/o | to be paid by the Distri<br>or tuition is charged by                  |
| B. D Th | DISAPPROVES this Student Attendance Agreement oard Chair:  gnature:  ISTRICT OF RESIDENCE the Board of Trustees:  APPROVES this Student Attendance Agreement (only f Residence)  DISAPPROVES this Student Attendance Agreement  ACKNOWLEDGES receipt of this Student Attendance the District of Residence OR parent/guardian or state is resident Chair:  Bignature: | Agreement (only if no ponsible for tuition) | ation and/or tuition is<br>transportation and/o | to be paid by the Distri<br>or tuition is charged by                  |
| B. D Th | DISAPPROVES this Student Attendance Agreement oard Chair:  Ignature:  ISTRICT 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 the District of Residence OR parent/guardian or state is resident Chair:           | Agreement (only if no ponsible for tuition) | ation and/or tuition is<br>transportation and/o | to be paid by the Distri<br>or tuition is charged by                  |



School Year 2019 - 2020

| 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)   | mey B.  |
| Birthdate 11-8-11  |   |
| Student Address P.O. BOX 1786 Brownin  | 9 Mt. 59417   |
| Parent/Guardian Address P.O. Box 1786 Brown  |   |
| Individual Responsible for Placement   |   |
| Relationship to Student Moller   | Phone Number 450-3951   |
| Agency Responsible for Placement:  | en na bestro de la lague  |
| 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 un | the student attends under this agreement, the parent/guardian         |
| 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 II: TO BE COMPLETED BY DISTRICT OF CHOICE/   | PLACEMENT   |
| Student State ID 304619451   | Student Grade 3   |
| District of Choice/Placement   | District of Residence   |
| Individual Making Request  | Student Placement   |
| ☑Parent/Guardian ☐Court  | Group Home Placement  |
| ☐ State Agency   | ☐ Foster Home Placement ☐ District to District Placement              |
| Enrollment Start Date 11/10/2020   | 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 I Bus Service, charging State of Montana \$ per year (o   | Residence \$ per (attach payment schedule)                            |
| Mileage reimbursement to the parent/guardian under a TR-4  | ndividual Transportation Contract (3 miles from school/bus ston)      |
| Transportation Provided by District of Residence   | ,                               |
| ☐ Bus Service at No Cost   |   |
| ☐Bus Service, charging parent/guardian \$ per  | (attach payment schedule)   |
| Mileage reimburgement to the name to the service and a service TO 41   | ndividual Transportation Contract (more than 3 miles school/bus stop) |



SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT **Total Annual Tuition** Special Rate Regular Education 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 Tuition Waived Mandatory – Geographic barrier prohibits attendance (District of Residence) in District of Residence State/Court Placement □ \$ (State of Montana) (includes foster and group home placements) Tuition Waived District to District Placement (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: 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:



School Year 2020 - 2021

| I request that the following student be allowed to attend a school   |  |
|--|--|
| Student Name (last, first, middle initial) Aines, McKe   | Note that the second se |
| Birthdate September 1, 2009  |  |
| Student Address 1145 Reagan Road, PO   | Box 2021 Cut Bank, MT 59427  |
| Parent/Guardian Address 1145 Reagan Road   | , PO Box 2021 Cut Bank, MT 59427   |
| Individual Responsible for Placement Teresa Aines  |  |
| Relationship to Student Grandparent/Guardia  | an Phone Number 912-631-7466   |
| Agency Responsible for Placement:  | = = P/I  |
| 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 under the parent/Guardian: | 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.  Date: 221 30, 2020   |
| State Agency/Court Request OR Group Home Representative S Signature of Official of State Agency/Court/Group Home:  | ignature  Date:  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,   | /PLACEMENT   |
| Student State ID 867220043   | Student Grade 6  |
| 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  |
| 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 ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year (or per year)   | Residence \$ per (attach payment schedule) 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 \$  | (attach payment schedule) Individual Transportation Contract (more than 3 miles school/bus stop)   |



| 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                |                          |                          | Rate +                    |
| No.   |                          |                          | Special Rate)             |
| Parent/Guardian Request   | Tuition Waived           |                          | ¢                         |
| Discretionary – Parent/Guardian requests to enroll              |                          |                          | (Parent/Guardian)         |
| student outside District of Residence                           | \$\$                     |                          | (rarenty data and         |
| Mandatory – Elementary student to attend where high             | Tuition Waived           |                          | Ś                         |
| 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          | □ s                      | □ \$                     | \$                        |
| District of Residence does not provide transportation           |                          |                          | (District of Residence)   |
| Mandatory – Geographic barrier prohibits attendance             | ☐ Tuition Waived         |                          | <u></u>                   |
| in District of Residence  |                          | \$                       | \$(District of Residence) |
| State/Court Placement   | \$\$                     |                          | (District of Residence)   |
|   | □ s                      | \$                       | \$                        |
| (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  | ice Agreement. Transp    | ortation and tuition w   | ill be charged to the     |
| Parent/Guardian, District of Residence, or the State of Montana | as indicated in Sections | s III and IV.            |                           |
| A. DISTRICT OF CHOICE/PLACEMENT                                 |                          |                          |                           |
| The Board of Trustees:  |                          |                          |                           |
| V ARREQUES this Student Attendance Assessment                   |                          |                          |                           |
| APPROVES this Student Attendance Agreement                      |                          |                          |                           |
| DISAPPROVES this Student Attendance Agreement                   |                          |                          |                           |
| Doug Pay  |                          |                          |                           |
| Board Chair: Doug Bay   |                          |                          |                           |
|   |                          |                          | 4                         |
| Signature: Laurles & Ray  |                          | Date:                    | -4-20                     |
|   |                          |                          |                           |
| B. DISTRICT OF RESIDENCE  |                          |                          |                           |
| The Board of Trustees:  |                          |                          |                           |
| APPROVES this Student Attendance Agreement (only                | required if transportat  | ion and/or tuition is to | be paid by the District   |
| of Residence)   |                          |                          |                           |
|   |                          |                          |                           |
| DISAPPROVES this Student Attendance Agreement                   |                          |                          |                           |
| ACKNOWLEDGES receipt of this Student Attendance A               | Agreement (only if no t  | ransportation and/or     | tuition is charged by     |
| the District of Residence OR parent/guardian or state is resp   | onsible for tuition)     |                          |                           |
|   |                          |                          |                           |
| Board Chair:  |                          |                          |                           |
|   |                          |                          |                           |
| Signature:  |                          | Date:                    |                           |
|   |                          |                          |                           |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION                          |                          |                          |                           |
| The Superintendent of Public Instruction:                       |                          |                          |                           |
| ACKNOWLEDGES receipt of this Student Attendance Agreem          | nent                     |                          |                           |
|   | 5.00                     |                          |                           |
| OPI Representative:   |                          |                          |                           |
| o, mepresentatives  |                          |                          |                           |
|   |                          |                          |                           |
| 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 flast, first, middle initial) Tasper D  | alli, Rae  |
| Birthdate $4-24-12$  |  |
| Student Address Boy 2384 Browning, MT 5941   | 7 118 BIVD Rattley Road Browning   |
| Parent/Guardian Address HUKOKA DEVERBUX  | /  |
| Individual Responsible for Placement   |  |
| Relationship to Student  | Phone Number 845 - 3811  |
| 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 under the parent/ | ceptance by the district of choice and will specify the costs, if any, the student attends under this agreement, the parent/guardian under the terms of this agreement.  |
| Signature of Parent/Guardian:  | New Date: 11 4.20  |
| 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 197472309   | Student Grade 3  |
| District of Choice/Placement (5)   | District of Residence  |
| Individual Making Request  | Student Placement  |
| ☐ Parent/Guardian☐ Court   | Group Home Placement   |
| ☐ State Agency   | ☐ Foster Home Placement ☐ District to District Placement   |
| Enrollment Start Date 11512020   | Annual Pupil Instruction Days  |
| SECTION III: 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  | The second section is a section in the section is a secti |
| Bus Service at No Cost   |  |
| Bus Service, charging parent/guardian OR District of   | 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 school de)   |
| Mileage reimbursement to the parent/guardian under a TR-4  | Individual Transportation Contract (more than 3 miles esheel/hus stan)   |



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) Rate (Check one and indicate the annual amounts of Regular Rate + Education, Special Rate and Total Annual Tuition Special Rate) Parent/Guardian Request X\_\_ 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 ☐ Tuition Waived Mandatory - Geographic barrier prohibits attendance (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 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. 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: C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative:



School Year 2020 - 2021

|   | a school district outside the student's District of Residence                                  |
|---|--|
| Student Name (last, first, middle initial) Bird, Ca   | ıden   |
| April 1, 2014   |  |
| Student Address 23520 Hwy 2 West 0  | Cut Bank, MT 59427   |
| Parent/Guardian Address 23520 Hwy 2 W   | lest Cut Bank, MT 59427  |
| Individual Responsible for Placement Deni Fitzp   | patrick  |
| Relationship to Student Parent  | Phone Number 406-229-0816  |
| Agency Responsible for Placement:   |  |
| Address (include city, state and zip code):   |  |
| which will be charged to the parent/guardian for attendation agrees to pay the costs, if any, charged to the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian. | typatricl Date: 5/1/2020   |
| State Agency/Court Request OR Group Home Represent<br>Signature of Official of State Agency/Court/Group Home:   |  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CH   | HOICE/PLACEMENT  |
| Student State ID 585753930  | Student Grade 1  |
| 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/Placemen  ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ Di ☐ Bus Service, charging State of Montana \$pe              | ent/guardian will transport at own expense (Go to Section IV)                                  |
| Transportation Provided by District of Residence  ☐ Bus Service at No Cost ☐ Bus Service, charging parent/guardian \$pe   |  |



| Discretionary – Parent/Guardian requests to enroll student outside District of Residence  Mandatory – Elementary student to attend where high school age sibling(s) attends  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  Mandatory – Geographic barrier prohibits attendance in District of Residence  Mandatory – Geographic barrier prohibits attendance in District of Residence  (Parent/Guardian)  \$  (Parent/Guardian)  \$  (Parent/Guardian)  \$  (District of Residence)   | Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition   | Regular Education<br>Rate                      | Special Rate<br>(Attach FP-14A) | (Regular Education<br>Rate +<br>Special Rate) |
|--|--|--|---------------------------------|---|
| Mandatory - Elementary student to attend where high school age sibling(s) attends  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  Mandatory - Geographic barrier prohibits attendance in District of Residence does not provide transportation  Mandatory - Geographic barrier prohibits attendance in District of Residence  State/Court Placement (includes foster and group home placements)  District to District Placement  (includes foster and group home placements)  District to District Placement  Collection 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  DISAPPROVES 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:  |  | Tuition Waived                                 |                                 | \$(Parent/Guardian)                           |
| and at least 3 miles from resident district school AND District of Residence does not provide transportation  Mandatory – Geographic barrier prohibits attendance in District of Residence State/Court Placement (includes foster and group home placements)  District to District Placement (includes foster and group home placements)  District to District Placement  State/Court Placement (includes foster and group home placements)  District to District Placement  State/Court Placement  State/Court Placement  Includes foster and group home placements)  District to District Placement  State/Court Placement  State/State/St | Mandatory – Elementary student to attend where high  | \$\$   |                                 | \$<br>(Parent/Guardian)                       |
| Mandatory – Geographic barrier prohibits attendance in District of Residence  State/Court Placement  (includes foster and group home placements)  District to District Placement    Tuition Waived   \$  | and at least 3 miles from resident district school AND   | Tuition Waived                                 | \$\$                            | \$(District of Residence)                     |
| State of Montana    District to District Placement   | Mandatory – Geographic barrier prohibits attendance  | STORESTORE OF                                  | \$\$                            | \$(District of Residence)                     |
| S   Control  | State/Court Placement (includes foster and group home placements)  | <u></u> \$                                     | \$\$                            | \$<br>(State of Montana)                      |
| 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:  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:   | District to District Placement   | Tuition Waived                                 | \$\$                            |   |
| 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: Date:  Signature: Date: Date:  C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement  OPI Representative:  | Board Chair: Doug Ray  Signature: Doug Ray   | 7  | Date: <u>(</u>                  | -9-20   |
| Signature:   | The Board of Trustees:  APPROVES this Student Attendance Agreement (only of Residence)  DISAPPROVES this Student Attendance Agreement  ACKNOWLEDGES receipt of this Student Attendance the District of Residence OR parent/guardian or state is residence. | e Agreement (only if no sponsible for tuition) | transportation and/or           |   |
| The Superintendent of Public Instruction:  ACKNOWLEDGES receipt of this Student Attendance Agreement  OPI Representative:  |  |  |                                 |   |
|  | The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agree  |  |                                 |   |
|  |  |  | Date:                           |   |

Regular Education

Special Rate

**Total Annual Tuition** 



School Year 2020 - 2034

| SECTION I: TO BE COMPLETED BY PARENT/GUARD  | DIAN – OR – OFFICIAL OF STATE AGENCY/COURT   |
|---|--|
| request that the following student be allowed to attend a   | a school district outside the student's District of Residence  |
| Student Name (last, first, middle initial)  BOICE BYOOKS M.   |  |
| Birthdate 12/11/12  |  |
| Student Address 2005 Parowning  | 2 MT 59417 / 35 Sundown Rd   |
| Parent/Guardian Address   |  |
| Individual Responsible for Placement Kicktic E  | SAUCE  |
| Relationship to Student   | Phone Number 406-546-4176  |
| Agency Responsible for Placement:   |  |
| Address (include city, state and zip code):   |  |
| This agreement will be returned to the parent/guardian a which will be charged to the parent/guardian for attenda agrees to pay the costs, if any, charged to the parent/guardian:  | after acceptance by the district of choice and will specify the costs, if any, ance. If the student attends under this agreement, the parent/guardian ardian under the terms of this agreement.  Date: 9/18/20 |
| State Agency/Court Request OR Group Home Represent  |  |
| Signature of Official of State Agency/Court/Group Home:   | Date:  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CH   | HOICE/PLACEMENT  |
| Student State ID 312383026  | Student Grade  |
| District of Choice/Placement   5  | 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 9-21-2021   |  |
| SECTION III: TRANSPORTATION – TO BE COMPLET  ☐ NO TRANSPORTATION will be provided. Pare  Transportation Provided by District of Choice/Placement ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ Discussion of Discussi | ED BY DISTRICT OF CHOICE/PLACEMENT ent/guardian will transport at own expense (Go to Section IV)   |
| Transportation Provided by District of Residence ☐ Bus Service at No Cost ☐ Bus Service, charging parent/guardian \$pe  |  |



SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT **Total Annual Tuition** Special Rate Regular Education Type of Agreement (Regular Education (Check one and indicate the annual amounts of Regular (Attach FP-14A) Rate Rate + Education, Special Rate and Total Annual Tuition Special Rate) Parent/Guardian Request X Tuition Waived Discretionary - Parent/Guardian requests to enroll (Parent/Guardian) student outside District of Residence Tuition Waived Mandatory - Elementary student to attend where high 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 \$ (District of Residence) District of Residence does not provide transportation Tuition Waived Mandatory - Geographic barrier prohibits attendance (District of Residence) in District of Residence <u>\$</u> State/Court Placement (includes foster and group home placements) (State of Montana) ☐ Tuition Waived District to District Placement (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: Date: <u>(0 -13 -- Q a</u> 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: C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative:



School Year 20 36- 20 3/

| 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 scho Student Name (last, first, middle initial)   | ol district outside the student's District of Residence  |
| Bouce Dould J   |  |
| Birthdate, Dearte 3   |  |
| 11/26/14  |  |
|   |  |
| Po Box 2005 Browning  | 1, MT 59417/35 Sundown De  |
| Parent/Guardian Address   | ) Journal of Some Source of the Source of th |
|   |  |
| Individual Responsible for Placement  | 100  |
| Relationship to Student   | CC   |
| Sarent  | Phone Number   |
|   | Phone Number 406-546-4176  |
| Agency Responsible for Placement:   |  |
| Address finalists of the state |  |
| Address (include city, state and zip code):   |  |
| Parent Signature  |  |
| This agreement will be returned to the parent/guardian after a  | cceptance 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 Kalle (3000)   | 'e aliuha  |
| Signature of Parenty dual drain.  | Date: 9/18/20  |
| State Agency/Court Request OR Group Home Representative   | Signature  |
| Signature of Official of Chat. Sans. 16   |  |
| Signature of Official of State Agency/Court/Group Home:   | Date:  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE   | F/PLACEMENT  |
|   | Student Grade  |
| Student State ID 719366217  | 1X   |
| 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 9 21 2020   | Annual Pupil Instruction Days  |
|   |  |
| SECTION III: TRANSPORTATION – TO BE COMPLETED B   | Y DISTRICT OF CHOICE/PLACEMENT   |
| LINO TRANSPORTATION will be provided. Parent/gu   | 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 \( \subseteq \) parent/guardian OR \( \subseteq \) District o   | f Residence \$ per (attach payment schedule)   |
| per year  | (over-schedule costs only – attach documentation of costs)   |
|   | ,  |
| Transportation Provided by Division Court Parenty guardian under a TR-  | 4 Individual Transportation Contract (3 miles from school/bus stop)  |
| Transportation Provided by District of Residence  | 4 Individual Transportation Contract (3 miles from school/bus stop)  |
| Transportation Provided by District of Residence ☐Bus Service at No Cost  | 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 S  | 4 Individual Transportation Contract (3 miles from school/bus stop)  |



SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT Regular Education Special Rate Total Annual Tuition Type of Agreement (Regular Education (Check one and indicate the annual amounts of Regular Rate (Attach FP-14A) Rate + Education, Special Rate and Total Annual Tuition Special Rate) Parent/Guardian Request X Tuition Waived Discretionary - Parent/Guardian requests to enroll (Parent/Guardian) student outside District of Residence Tuition Waived Mandatory - Elementary student to attend where high school age sibling(s) attends (Parent/Guardian) \_\_\_\_ 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 ☐ Tuition Waived Mandatory - Geographic barrier prohibits attendance in District of Residence (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 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: 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: 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 of    | listrict outside the student's District of Residence                   |
|--|--|
| Student Name (last, first, middle initial)                               |  |
| Randon B. JP Boyce   |  |
| Birthdate J  |  |
| Student Address  |  |
| 35 Sundown Rd Browning, MT   | 59417  |
| Parent/Guardian Address  | 148  |
| Individual Responsible for Placement                                     |  |
| Hatie Boyc   | L  |
| Relationship to Student  | Phone Number 406-546-4176  |
| Petr Erti  | 196 216 1114   |
| Agency Responsible for Placement:  |  |
| Address (include city, state and zip code):                              |  |
| Parent Signature   |  |
| This agreement will be returned to the parent/guardian after according   |  |
| 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 will Sorres                                 | Date: 9/29/20  |
|  |  |
| 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/                       | PLACEMENT  |
| Student State ID 631777118   | 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 9/22/2020  | 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               | Residence \$ per (attach payment schedule)                             |
| Bus Service, charging State of Montana \$ per year (c                    |  |
|  | 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 nayment schedule)  |
| Mileage reimbursement to the parent/guardian under a TR-4                | 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<br>Rate | Special Rate<br>(Attach FP-14A) | Total Annual Tuition<br>(Regular Education<br>Rate +<br>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            |                                 | \$<br>(Parent/Guardian)   |
| Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>District of Residence does not provide transportation           | Tuition Waived            | \$\$                            | \$(District of Residence)   |
| Mandatory – Geographic barrier prohibits attendance in District of Residence  | Tuition Waived            | \$\$                            | \$<br>(District of Residence)   |
| State/Court Placement (includes foster and group home placements)   | <u></u> \$\$              | \$                              | \$<br>(State of Montana)  |
| District to District Placement  | Tuition Waived            | <b></b> \$                      | \$<br>(District of Residence)   |
| Board Chair: Doug Ray  Signature: B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only rof Residence)                                 | required if transportat   |                                 | o be paid by the District   |
| DISAPPROVES this Student Attendance Agreement  ACKNOWLEDGES receipt of this Student Attendance A the District of Residence OR parent/guardian or state is response.  Board Chair: | onsible for tuition)      |                                 | tuition is charged by   |
| Signature:  |                           |                                 |   |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreem OPI Representative:                       | ent                       |                                 |   |
| Signature:  |                           |                                 |   |



School Year 2020 - 2021

|   | ool district outside the student's District of Residence   |
|---|--|
| Ctudent Name //act first will the think   | ghson, Kade M  |
| Birthdate May 3, 2011   |  |
| Student Address 244 Labreches Rd, Cu  | t Bank, MT 59427   |
| Parent/Guardian Address 244 Labreches Rd  | , Cut Bank, MT 59427   |
| Individual Responsible for Placement Morgan Hug   | hson   |
| Relationship to Student Parent  | Phone Number 406-229-0693  |
| Agency Responsible for Placement:   |  |
| Address (include city, state and zip code):   |  |
| which will be charged to the parent/guardian for attendance.  agrees to pay the costs, if any, charged to the parent/guardian  Signature of Parent/Guardian:  State Agency/Court Request OR Group Home Representative | Date: 5-14-2020  |
| Signature of Official of State Agency/Court/Group Home:   | Date:  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOIC  | E/PLACEMENT  |
| Student State ID 326373459  | Student Grade 4  |
|   |  |
| 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                                     |
| Individual Making Request  ☑ Parent/Guardian ☐ Court  | Student Placement  Group Home Placement  Foster Home Placement   |
| Individual Making Request  Parent/Guardian  Court  State Agency  Enrollment Start Date  August 26, 2020  SECTION III: TRANSPORTATION – TO BE COMPLETED B  | Student Placement  Group Home Placement  Foster Home Placement  District to District Placement  Annual Pupil Instruction Days  177 |



SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT **Total Annual Tuition** Special Rate Regular Education 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 Tuition Waived Mandatory – Geographic barrier prohibits attendance (District of Residence) in District of Residence State/Court Placement (State of Montana) (includes foster and group home placements) Tuition Waived District to District Placement (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 Doug Ra Board Chair: uples & Ray 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:



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) (ar ISON, Mad ISON, P  |  |
| Birthdate 818/08  |  |
| Student Address Po Box 2000 70  | Brarding School Rd.  |
| Parent/Guardian Address Same  |  |
| Individual Responsible for Placement By Hanua Bl  | uns  |
| Relationship to Student  Mother   | Phone Number 400-451-57-3  |
| Agency Responsible for Placement:   |  |
| Address (include city, state and zip code):   | N .  |
| which will be charged to the parent/guardian for attendance. If agrees to pay the costs, if any, charged to the parent/guardian un  | nder the terms of this agreement.  |
| Signature of Parent/Guardian:   | Date: 10/8/20  |
| Signature of Official of State Agency/Court/Group Home:   | Date:  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/  | PLACEMENT  |
| Student State ID 202625 835   | 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 10 (12/2020   | Annual Pupil Instruction Days  |
| SECTION III: TRANSPORTATION - TO BE COMPLETED BY  |  |
| NO TRANSPORTATION will be provided. Parent/gua  Transportation Provided by District of Choice/Placement   | rdian will transport at own expense (Go to Section IV)   |
| ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year (o ☐ Mileage reimbursement to the parent/guardian under a TR-4 | Residence \$ per (attach payment schedule) 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   |  |



| Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition   | Regular Education<br>Rate                    | Special Rate<br>(Attach FP-14A) | Total Annual Tuition<br>(Regular Education<br>Rate +<br>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                               |                                 | \$<br>(Parent/Guardian)   |
| Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>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>                       | \$<br>(State of Montana)  |
| District to District Placement   | Tuition Waived                               | \$\$                            | \$<br>(District of Residence)   |
| Board Chair: Doug Ray Signature:  B. DISTRICT OF RESIDENCE   |  | Date:                           | 13-20   |
| The Board of Trustees:  APPROVES this Student Attendance Agreement (only 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: | Agreement (only if no toonsible for tuition) | ransportation and/or            |   |
| Signature:   |  |                                 |   |
| The Superintendent of Public Instruction:  ACKNOWLEDGES receipt of this Student Attendance Agreem  |  |                                 |   |
| OPI Representative:  |  |                                 |   |
| Signature:   |  |                                 |   |



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)                         |  |
| Henry Andrew Groun   |  |
| Birthdate $11 - 29 - 10$   |  |
| Student Address  |  |
| 41 yellow Bird in  | man Rd, Blackfoot  |
| Parent/Guardian Address  |  |
| Individual Responsible for Placement                               |  |
| Relationship to Student  | Phone Number   |
| mother   | Phone Number 406-845-8500/338-6180                                     |
| Agency Responsible for Placement:                                  |  |
| Address (include city, state and zip code):                        |  |
| 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 | nder the terms of this agreement.                                      |
| Signature of Parent/Guardian:                                      | Date: 10/10/20   |
| 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 3941 02811  | 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 10-13-2020                                   | 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         | Residence \$ per (attach payment schedule)                             |
| Bus Service, charging State of Montana \$ per year (c              | over-schedule costs only – attach documentation of costs)              |
| Transportation Provided by District of Residence                   | Individual Transportation Contract (3 miles from school/bus stop)      |
| Bus Service at No Cost   |  |
| Bus Service, charging parent/guardian \$per                        | (attach payment schedule)  |
| Mileage reimbursement to the parent/guardian under a TR-4          | Individual Transportation Contract (more than 3 miles school/bus stop) |



| Type of Agreement<br>(Check one and indicate the annual amounts of Regular<br>Education, Special Rate and Total Annual Tuition  | Regular Education<br>Rate | Special Rate<br>(Attach FP-14A) | Total Annual Tuition<br>(Regular Education<br>Rate +<br>Special Rate) |
|---|---------------------------|---------------------------------|---|
| Parent/Guardian Request  Discretionary – Parent/Guardian requests to enroll student outside District of Residence   | Tuition Waived            |                                 | \$<br>(Parent/Guardian)   |
| Mandatory – Elementary student to attend where high school age sibling(s) attends   | Tuition Waived            |                                 | \$<br>(Parent/Guardian)   |
| Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>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> \$                | <b></b> \$                      | \$<br>(State of Montana)  |
| District to District Placement  | Tuition Waived            | \$\$                            | \$(District of Residence)   |
| Board Chair:  Doug Ray  Signature:  |                           | Date: (©                        | -13-20  |
| Signature: Jong Kan   |                           | Date:                           | -13-20  |
| B. DISTRICT OF RESIDENCE The Board of Trustees:   |                           | ·                               | - he noted by the District  |
| APPROVES this Student Attendance Agreement (only of Residence)  | required if transportat   | ion and/or tuition is t         | o be paid by the district   |
| DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance A the District of Residence OR parent/guardian or state is resp           | Agreement (only if no t   | ransportation and/or            |   |
|   | onsible for tuition)      |                                 | tuition is charged by   |
| Board Chair:  | onsible for tuition)      |                                 |   |
| Board Chair:Signature:  | onsible for tuition)      |                                 |   |
| Board Chair:  | onsible for tuition)      |                                 |   |
| Board Chair:  Signature:  C. SUPERINTEDENT OF PUBLIC INSTRUCTION  | onsible for tuition)      |                                 |   |
| Board Chair:  Signature:  C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:  | nent                      | Date:                           |   |



School Year 20 20 - 20 20

| request that the following stadent be allowed to attend a school   | district outside the student's District of Residence  |
|--|---|
| Student Name (last, first, middle initial)   |   |
| Harwood, Carlyle W   |   |
| 03/22/2014   |   |
| Student Address P. 6 Box 2374 Browning   | AT 66,117   |
| Parent/Guardian Address  | MT 59417  |
| 10 Backtyes Road Brown   | DNING MT 59417  |
| Individual Responsible for Placement  Shortine Holm  |   |
| Relationship to Student  Mother  | Phone Number<br>(406) 845-3110  |
| Agency Responsible for Placement:  |   |
| Address (include city, state and zip code):  |   |
| Parent Signature   |   |
| This agreement will be returned to the parent/guardian after acc   | ceptance 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 u  |   |
| Signature of Parent/Guardian:  | Date: 10/6/2020   |
| State Agency/Court Request OB Group Home Representative Si   | gnature   |
|  |   |
| 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 CHOICE/   |   |
|  |   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/   | PLACEMENT   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 689054678  District of Choice/Placement 15  Individual Making Request  | PLACEMENT Student Grade   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 69054678  District of Choice/Placement 15  Individual Making Request Parent/Guardian   | PLACEMENT Student Grade District of Residence   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 69054678  District of Choice/Placement 15  Individual Making Request Parent/Guardian Court   | PLACEMENT Student Grade District of Residence Student Placement   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 69054678  District of Choice/Placement 15  Individual Making Request Parent/Guardian Court State Agency  | PLACEMENT Student Grade District of Residence Student Placement Group Home Placement  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 69054678  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 684054678  District of Choice/Placement 15  Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date   | Student Grade  District of Residence  Student Placement  Group 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 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  District of Choice/Placement 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  District of Choice/Placement Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date  SECTION III: TRANSPORTATION – TO BE COMPLETED BY INO 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  District of Choice/Placement 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 Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of  | 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 (attach payment schedule) |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID  District of Choice/Placement  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 Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of Bus Service, charging parent/guardian OR per year (complete the complete | 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  District of Choice/Placement  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 Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of Bus Service, charging State of Montana \$ per year (complete the parent/guardian under a TR-4)  | 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  District of Choice/Placement  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  Bus Service, charging parent/guardian OR District of  Bus Service, charging State of Montana \$ per year (conditional parent/guardian under a TR-4)  Transportation Provided by District of Residence  | 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  District of Choice/Placement  Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date  SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guar Transportation Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR per year (complete of the parent/guardian under a TR-4) Transportation Provided by District of Residence Bus Service at No Cost Bus Service at No Cost Bus Service, charging parent/guardian sper  | 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 \$                               |



| (    | Type of Agreement Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition   | Regular Education<br>Rate | Special Rate<br>(Attach FP-14A) | (Regular Education<br>Rate +<br>Special Rate) |
|------|---|---------------------------|---------------------------------|---|
| Pare | nt/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence  | Tuition Waived            |                                 | \$(Parent/Guardian)                           |
| 10   | Mandatory – Elementary student to attend where high school age sibling(s) attends   | Tuition Waived            |                                 | \$<br>(Parent/Guardian)                       |
|      | Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>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)                     |
|      | e/Court Placement<br>udes foster and group home placements)   | <u> </u>                  | \$\$                            | \$<br>(State of Montana)                      |
| Dist | rict to District Placement  | Tuition Waived            | \$\$                            | \$<br>(District of Residence)                 |
| В.   | Board Chair:  Signature:  DISTRICT OF RESIDENCE  The Board of Trustees:  APPROVES this Student Attendance Agreement (only of Residence)   | required if transporta    | 424                             | to be paid by the District                    |
|      | 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:  |                           | Date:                           |   |
| C.   | SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreer OPI Representative:  | ment                      |                                 |   |
|      | Signature:  |                           | Date:                           |   |



School Year 2020 - 2021

| request that the following student be allowed to attend a scho   | outside the student's district of Residence   |
|--|---|
| Student Name (last first middle initial)   | 11 / Mi / 5   |
|  | Floyt Misty K   |
| Birthdate /  |   |
| Student Address  |   |
| Student Address P.O. Box 2978 Brown  Parent/Guardian Address   | 1/2 Mt 59117 17 1/4/17 AS   |
| Parent/Guardian Address  | 11/4 11 1 3 1911 1 Arrays 141 30  |
|  | 0   |
| Individual Responsible for Placement  Masala Prelimitz 4  Relationship to Student  | 2. 1  |
| Masala Prellwitz & J   | Sim Hout  |
| Relationship to Student  | Phone Number  |
| Parents  | 406.845.4487  |
| Agency Responsible for Placement:  |   |
|  |   |
| Address (include city, state and zip code):  |   |
| Parent Signature   |   |
|  | acceptance by the district of choice and will specify the costs, if any,  |
|  | If the student attends under this agreement, the parent/guardian  |
| agrees to pay the costs, if any, charged to the parent/guardian  | nunder the terms of this agreement.   |
| /// R  |   |
| Signature of Parent/Guardian: // / Labala Cfff   | Date: 8-24-20 20  |
| 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 CHOIC   | CE/DIACEMENT  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOIC Student State ID 302703270  |   |
| 223573357  | 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 177   |
| CONTRACTOR OF THE CONTRACTOR PRODUCTION OF THE CONTRACTOR OF THE C |   |
| SECTION III: TRANSPORTATION – TO BE COMPLETED E  |   |
|  | guardian will transport at own expense (Go to Section IV)   |
| Transportation Provided by District of Choice/Placement  ☐ Bus Service at No Cost  |   |
|  | of Residence \$ per (attach payment schedule)   |
| bus service, charging harenty guardian or histrict   | of Residence \$ per (attach payment schedule)   |
| I Bus Service charging State of Montana C por you  | r (over schodule costs only estach decumentation of costs)  |
| ☐ Bus Service, charging State of Montana \$ per year ☐ Mileage reimbursement to the parent/guardian under a TR   | r (over-schedule costs only – attach documentation of costs)  |
| ☐ Mileage reimbursement to the parent/guardian under a TR  | r (over-schedule costs only – attach documentation of costs)<br>R-4 Individual Transportation Contract (3 miles from school/bus stop) |
| ☐ Mileage reimbursement to the parent/guardian under a TR  Transportation Provided by District of Residence  | r (over-schedule costs only – attach documentation of costs)  |
| ☐ Mileage reimbursement to the parent/guardian under a TR  Transportation Provided by District of Residence ☐ Bus Service at No Cost   | r (over-schedule costs only – attach documentation of costs)  |



| Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition  | Regular Education<br>Rate | Special Rate<br>(Attach FP-14A) | Total Annual Tuition<br>(Regular Education<br>Rate +<br>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            |                                 | \$<br>(Parent/Guardian)   |
| Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>District of Residence does not provide transportation | Tuition Waived            | <b>\$</b>                       | \$(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>                 | <b></b> \$                      | \$<br>(State of Montana)  |
| District to District Placement  | Tuition Waived            | <u> </u>                        | \$<br>(District of Residence)   |
| APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Board Chair: Doug Ray  |                           |                                 |   |
| Signature:  |                           | Date:                           | -8-20   |
| B. DISTRICT OF RESIDENCE The Board of Trustees:   |                           |                                 |   |
| APPROVES this Student Attendance Agreement (only of Residence)  | required if transportat   | ion and/or tuition is t         | o be paid by the District   |
| DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance A the District of Residence OR parent/guardian or state is resp           |                           | ransportation and/or            | tuition is charged by   |
| Board Chair:  |                           |                                 |   |
| Signature:  |                           | Date:                           | William T. B. S.                  |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:  |                           |                                 |   |
| ACKNOWLEDGES receipt of this Student Attendance Agreem  | ent                       |                                 |   |
| OPI Representative:   |                           |                                 |   |
| Signature:  |                           | Date:                           |   |

**Total Annual Tuition** 



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)   |  |
| Halt (Naylon)  |  |
| Birthdate  |  |
| 01.30-2011   |  |
| Student Address  |  |
| P.O. Box 2978 Browni   | na Mt 59417 17   |
| Parent/Guardian Address  |  |
| 1/   |  |
| Individual Responsible for Placement  Masala Pre/witz 4 J  Relationship to Student   | 1,00 11 2  |
| Politicashin to Student  | 1111 Floy G  |
|  | 406-845-4487   |
| Tarents  | 706.893-1781   |
| Agency Responsible for Placement:  |  |
|  |  |
| Address (include city, state and zip code):  |  |
| Parent Signature   | . 7 - 5  |
| This agreement will be returned to the parent/guardian after acc   | ceptance 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 u  | nder the terms of this agreement.  |
| 1/1 2-11   |  |
| Signature of Parent/Guardian:  | Date: 8-24-20 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   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  Student State ID 792193072   |  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,   | /PLACEMENT   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  Student State ID 792693072   | PLACEMENT Student Grade  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID 792643072  District of Choice/Placement 15   | VPLACEMENT Student Grade District of Residence Student Placement   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID 792693072  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 792693072  District of Choice/Placement 15  Individual Making Request Parent/Guardian Court   | VPLACEMENT  Student Grade  District of Residence   Student Placement  □ Group Home Placement   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  Student State ID 792693072  District of Choice/Placement 15  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  Annual Pupil Instruction Days  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  Student State ID 792693072  District of Choice/Placement 15  Individual Making Request  Parent/Guardian  Court  State Agency  Enrollment Start Date  August 26, 2020   | Student Grade  District of Residence  Student Placement  Group Home Placement  Foster Home Placement  District to District Placement  Annual Pupil Instruction Days  177   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  Student State ID 192693012  District of Choice/Placement 15  Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020  SECTION III: TRANSPORTATION – TO BE COMPLETED BY  | Student Grade   District of Residence   O  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  Student State ID 192693012  District of Choice/Placement 15  Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020  SECTION III: TRANSPORTATION – TO BE COMPLETED BY  | Student Grade  District of Residence  Student Placement  Group Home Placement  Foster Home Placement  District to District Placement  Annual Pupil Instruction Days  177   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  Student State ID 792643072  District of Choice/Placement 15  Individual Making Request   | Student Grade   District of Residence   O  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  Student State ID 792693072  District of Choice/Placement 15  Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020  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 | Student Grade  District of Residence  Student Placement  Group Home Placement  Foster Home Placement  District to District Placement  Annual Pupil Instruction Days  177  DISTRICT OF CHOICE/PLACEMENT  ardian will transport at own expense (Go to Section IV)  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  Student State ID   | Student Grade   District of Residence   Output   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  Student State ID   | Student Grade   District of Residence   Student Placement   Group Home Placement   District to District Placement   District to District Placement   Annual Pupil Instruction Days   177      DISTRICT OF CHOICE/PLACEMENT   ardian will transport at own expense (Go to Section IV)      Residence \$ per (attach payment schedule)   pover-schedule costs only – attach documentation of costs)              |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  Student State ID   | Student Grade   District of Residence   Student Placement   Group Home Placement   District to District Placement   District to District Placement   Annual Pupil Instruction Days   177   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  Student State ID   | Student Grade   District of Residence   Student Placement   Group Home Placement   District to District Placement   District to District Placement   Annual Pupil Instruction Days   177      DISTRICT OF CHOICE/PLACEMENT   ardian will transport at own expense (Go to Section IV)      Residence \$ per (attach payment schedule)   pover-schedule costs only – attach documentation of costs)              |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  Student State ID   | Student Grade  District of Residence  Student Placement  Group Home Placement  District to District Placement  Annual Pupil Instruction Days  177  DISTRICT OF CHOICE/PLACEMENT  ardian 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  |  |                                 | Te  |
|--|--|---------------------------------|---|
| (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition             | Regular Education<br>Rate                  | Special Rate<br>(Attach FP-14A) | Total Annual Tuition<br>(Regular Education<br>Rate +<br>Special Rate) |
| Parent/Guardian Request  | Tuition Waived                             |                                 |   |
| Discretionary – Parent/Guardian requests to enroll   | - various was ca                           |                                 | \$  |
| student outside District of Residence  | <u>\$</u>                                  |                                 | (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   | \$\$                                       | <u></u> \$                      | \$(District of Residence)   |
| District of Residence does not provide transportation  |  |                                 | (District of Residence)   |
| Mandatory – Geographic barrier prohibits attendance in District of Residence                                       | Tuition Waived                             | □ s                             | \$  |
|  | \$\$                                       | Υ                               | (District of Residence)   |
| State/Court Placement  | □ s  | □ s                             | \$  |
| (includes foster and group home placements)  | <u> </u>                                   |                                 | (State of Montana)  |
| District to District Placement   | Tuition Waived                             |                                 | \$  |
|  | <u> </u>                                   | LL->                            | (District of Residence)   |
| SECTION V: AGREEMENTS AND SIGNATURES   |  |                                 |   |
|  |  |                                 |   |
| A signature below acknowledges receipt of the Student Attendance   | te Agreement. Transpo                      | ortation and tuition wi         | ill be charged to the   |
| Parent/Guardian, District of Residence, or the State of Montana a.  A. DISTRICT OF CHOICE/PLACEMENT                | s indicated in Sections                    | III and IV.                     |   |
| The Board of Trustees:   |  |                                 |   |
| . (  |  |                                 |   |
| APPROVES this Student Attendance Agreement   |  |                                 |   |
| DISAPPROVES this Student Attendance Agreement  |  |                                 | a to a special contract   |
| Board Chair: Doug Ray  |  |                                 |   |
| Signature: Juntes & Ray  |  | Date:                           | 8-20  |
| B. DISTRICT OF RESIDENCE The Board of Trustees:  |  |                                 |   |
| APPROVES this Student Attendance Agreement (only re of Residence)  | equired if transportatio                   | on and/or tuition is to         | be paid by the District   |
| DISAPPROVES this Student Attendance Agreement  |  |                                 |   |
|  |  |                                 |   |
| ACKNOWLEDGES receipt of this Student Attendance Ag the District of Residence OR parent/guardian or state is respon | reement (only if no transible for tuition) | ansportation and/or tu          | uition is charged by  |
| Board Chair:   |  |                                 |   |
| Signature:   |  | Date:                           |   |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION   |  |                                 |   |
| The Superintendent of Public Instruction:  |  |                                 |   |
| ACKNOWLEDGES receipt of this Student Attendance Agreemen   | nt   |                                 |   |
| OPI Representative:  |  |                                 |   |
| Signature:   |  | Date:                           |   |
| 0.1  |  |                                 |   |



School Year 20<u>19</u> - 20<u>20</u>

| 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)  | Skye Iron Pipe   |  |
| Birthdate 7/9/15  |  |  |
| Student Address PO BOX 7070 Brown   | nma UT 59417   |  |
| Parent/Guardian Address   |  |  |
| Individual Responsible for Placement Britary B  | umS  |  |
| Relationship to Student MOM   | Phone Number 404-450-5723  |  |
| Agency Responsible for Placement:   |  |  |
| Address (include city, state and zip code):   |  |  |
| which will be charged 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 un Signature of Parent/Guardian:  State Agency/Court Request OR Group Home Representative Si | Date:  |  |
| Signature of Official of State Agency/Court/Group Home:   | Date:  |  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/  | PLACEMENT  |  |
| Student State ID 2035 CO035   | Student Grade  |  |
| District of Choice/Placement (5   | 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 10-12-2020  | Annual Pupil Instruction Days                                      |  |
| SECTION III: TRANSPORTATION – TO BE COMPLETED BY  |  |  |
| NO TRANSPORTATION will be provided. Parent/gua  Transportation Provided by District of Choice/Placement   | rdian will transport at own expense (Go to Section IV)             |  |
| 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 (o   | ver-schedule costs only – attach documentation of costs)           |  |
| Mileage reimbursement to the parent/guardian under a TR-4   | Individual Transportation Contract (2 miles from school /hus stan) |  |
| Transportation Provided by District of Residence  |  |  |
|   | manyodai mansportation contract (5 miles from school) bus stop)    |  |
| ☐ Bus Service at No Cost☐ Bus Service, charging parent/guardian \$ per  |  |  |



| Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition   | Regular Education<br>Rate | Special Rate<br>(Attach FP-14A) | Total Annual Tuition<br>(Regular Education<br>Rate +<br>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            |                                 | \$<br>(Parent/Guardian)   |
| Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>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>                  | \$\$                            | \$<br>(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 Attendance Agreement  ACKNOWLEDGES receipt of this Student Attendance Attendance at the District of Residence OR parent/guardian or state is response. | Agreement (only if no     | tion and/or tuition is t        |   |
| Board Chair:Signature:   |                           |                                 |   |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION  The Superintendent of Public Instruction:  |                           |                                 |   |
| ACKNOWLEDGES receipt of this Student Attendance Agreen   | ment                      |                                 |   |
| OPI Representative:  |                           |                                 |   |
| Signature:   |                           | Date:                           |   |



| School Year  | 2019 - 2020  |  |  |
|--|--|--|--|
| SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -  | OR - OFFICIAL OF STATE AGENCY/COLLET   |  |  |
| I request that the following student he allowed to attend a school   | district outside the student's District of Decidence   |  |  |
| Student Name (last, first, middle initial)   | To do The Student's District of Residence  |  |  |
| Student Name (last, first, middle initial) Tron Pipe   | . Gradun Blaze   |  |  |
| Birthdate 117114   |  |  |  |
| Student Address  | "Roman Ma  |  |  |
| 70 Boarding School   | OL Pd. PO KX 2020 1 59413  |  |  |
| Parent/Guardian Address  |  |  |  |
| Individual Responsible for Placement Baltary Bo  | ums  |  |  |
| Relationship to Student  | Phone Number (150 - 5723   |  |  |
| 1001100  | 900 3100   |  |  |
| Agency Responsible for Placement:  |  |  |  |
| Address (include city, state and zip code):  |  |  |  |
| Parent Signature   |  |  |  |
| This agreement will be returned to the parent/guardian after acc   | ceptance 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 u  | nder the terms of this agreement.  |  |  |
| Signature of Parent/Guardian:  | 1019170  |  |  |
|  |  |  |  |
| State Agency/Court Request OR Group Home Representative Si   | gnature  |  |  |
| Signature of Official of State Agency/Court/Group Home:  | Date:  |  |  |
| - and the state of | Date.  |  |  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/   | PLACEMENT  |  |  |
| Student State ID 235705429   | Student Grade  |  |  |
| District of Choice/Placement 5   | District of Residence  |  |  |
| Individual Making Request  | Student Placement  |  |  |
| Rarent/Guardian  | Group Home Placement   |  |  |
| ☐ Court  | ☐ Foster Home Placement  |  |  |
| ☐ State Agency   | ☐ District to District Placement   |  |  |
| Enrollment Start Date 10-12-2020   | Annual Pupil Instruction Days  |  |  |
| SECTION III: TRANSPORTATION - TO BE COMPLETED BY   | DISTRICT OF CHOICE/PLACEMENT   |  |  |
|  |  |  |  |
| LINO TRANSPORTATION WIII be provided. Parent/gua   | irdian will transport at own expense (Go to Section IV)  |  |  |
| Transportation Provided 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  |  |  |  |
| 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)   |  |  |
| Transportation Provided by District of Choice/Placement  ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year (or  | Residence \$ per (attach payment schedule) over-schedule costs only – attach documentation of costs)   |  |  |
| Transportation Provided by District of Choice/Placement  ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year (cook of the parent/guardian under a TR-4  | Residence \$ per (attach payment schedule)   |  |  |
| Transportation Provided by District of Choice/Placement  ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year (cook of Mileage reimbursement to the parent/guardian under a TR-4  Transportation Provided by District of Residence   | Residence \$ per (attach payment schedule) over-schedule costs only – attach documentation of costs)   |  |  |
| Transportation Provided by District of Choice/Placement  ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year (c ☐ Mileage reimbursement to the parent/guardian under a TR-4  Transportation Provided by District of Residence ☐ Bus Service at No Cost  | Residence \$ per (attach payment schedule) over-schedule costs only – attach documentation of costs) Individual Transportation Contract (3 miles from school/bus stop) |  |  |
| Transportation Provided by District of Choice/Placement  ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year (c ☐ Mileage reimbursement to the parent/guardian under a TR-4  Transportation Provided by District of Residence ☐ Bus Service at No Cost ☐ Bus Service, charging parent/guardian \$ per   | Residence \$ per (attach payment schedule) over-schedule costs only – attach documentation of costs) Individual Transportation Contract (3 miles from school/bus stop) |  |  |



Signature: \_\_\_

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT **Total Annual Tuition** Special Rate Regular Education Type of Agreement (Regular Education (Attach FP-14A) Rate (Check one and indicate the annual amounts of Regular Rate + Education, Special Rate and Total Annual Tuition Special Rate) Parent/Guardian Request Tuition Waived Discretionary - Parent/Guardian requests to enroll (Parent/Guardian) **S** 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 Tuition Waived Mandatory - Geographic barrier prohibits attendance (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 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. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: X APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Board Chair:

#### 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:

C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative:



School Year 2020- 2021

SECTION I: TO BE COMPLETED BY PARENT/GLIARDIAN - OR OFFICIAL OF

| riodaest that the lonowing student be allowed to attend a school  | - UK – OFFICIAL OF STATE AGENCY/COURT  I district outside the student's District of Residence  |  |
|---|--|--|
| -aPlant Katie 1 Lynn  |  |  |
| Birthdate Q-16-11   |  |  |
| Student Address  P.O. box 1426 Brown;  Parent/Guardian Address  | A 6000   |  |
| The state of the s  |  |  |
| Individual Responsible for Placement  | J work the   |  |
| Relationship to Student   | 406-845-9004<br>Phone Number   |  |
| Agency Responsible for Placement:   |  |  |
|   |  |  |
| Address (Include city, state and zlp code):  Parent Signature   |  |  |
| This agreement will be returned to the parent/guardian after accumulation will be charged to the parent/guardian for attendance. If   | septance by the district of choice and will specify the costs, if any, the student attends under this agreement, the parent/guardian |  |
| A f   |  |  |
| Signature of Parent/Guardian:   |  |  |
| 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/  |  |  |
| <u> </u>  | Student Grade  |  |
| District of Choice/Placement 15   | District of Residence  |  |
| Individual Making Request  Parent/Guardian  | Student Placement  |  |
| Court   | Group Home Placement   |  |
| ☐ State Agency  | Foster Home Placement  |  |
| Enrollment Start Date   | ☐ District to District Placement   |  |
| 12/7/2020   | Annual Pupil Instruction Days  |  |
| SECTION III: TRANSPORTATION – TO BE COMPLETED BY  | DISTRICT OF CHOICE/PLACEMENT   |  |
| LINO TRANSPORTATION WILL be provided. Parent/guar   | dian will transport at own expense (Go to Section IV)  |  |
| i i i i i i i i i i i i i i i i i i i   |  |  |
| Bus Service at No Cost  |  |  |
| Bus Service, charging 11 parent/guardian OR 11 District of R  | desidence \$per(attach payment schedule)   |  |
| Bus Service, charging State of Montana \$ per year (or Mileage reimbursement to the parent/guardian under a Think of the thi | /er-schedule costs only – attach documentation of costs)   |  |
| Mileage reimbursement to the parent/guardian under a TR-4 in Transportation Provided by District of Residence   | idividual Fransportation Contract (3 miles from school/bus stop)   |  |
| ☐Bus Service at No Cost   | •  |  |
| Bus Service, charging parent/quardian \$  | (attach payment askedul )  |  |
| Libus Service, charging parent/guardian \$ per (attach payment schedule)  DMileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)   |  |  |
| the Parenty Bush of all the all R-4 If  | adividual transportation Contract (more than 3 miles and - 1/1   |  |



| 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                |  |   | Rate +                    |
|   |  |   | Special Rate)             |
| Parent/Guardian Request   | ✓ Tuition Waived                       |   |                           |
| Discretionary – Parent/Guardian requests to enroll              | Tuition waived                         |   | \$                        |
| 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                         |   | (Parent/Guardian)         |
| and at least 3 miles from resident district school AND          |  | □ s   | \$                        |
| District of Residence does not provide transportation           | \$                                     | <del>                                    </del> | (District of Residence)   |
| Mandatory – Geographic barrier prohibits attendance             | Tuition Waived                         |   |                           |
| in District of Residence  | 1                                      | □ \$  | \$                        |
|   | \$\$                                   |   | (District of Residence)   |
| State/Court Placement   |  | □ s   | s                         |
| (includes foster and group home placements)                     | <b>□</b> \$                            | L—L ->  | (State of Montana)        |
| District to District Placement                                  | Tuition Waived                         |   |                           |
|   | □ s                                    | <b></b> \$                                      | \$(District of Residence) |
|   | J ==================================== |   | [ (District of Residence) |
| SECTION V: AGREEMENTS AND SIGNATURES                            |  |   |                           |
| A signature below acknowledges receipt of the Student Attendar  | ce Agreement. Transp                   | ortation and tuition w                          | ill be charged to the     |
| Parent/Guardian, District of Residence, or the State of Montana | -                                      |   |                           |
| A. DISTRICT OF CHOICE/PLACEMENT                                 |  |   |                           |
| The Board of Trustees:  |  |   |                           |
|   |  |   |                           |
| APPROVES this Student Attendance Agreement                      |  |   |                           |
| DISAPPROVES this Student Attendance Agreement                   |  |   |                           |
| Doug Pay  |  |   |                           |
| Board Chair: Doug Ray   |  |   |                           |
|   |  | · · ·   | 1                         |
| Signature: / ( ) and )  |  | Date:/ 5  | 2-3-20                    |
| B. DISTRICT OF RESIDENCE  |  |   |                           |
| The Board of Trustees:  |  |   |                           |
|   |  |   |                           |
| APPROVES this Student Attendance Agreement (only                | required if transportat                | ion and/or tuition is t                         | o be paid by the District |
| of Residence)   |  |   |                           |
| DISAPPROVES this Student Attendance Agreement                   |  |   |                           |
|   |  |   |                           |
| ACKNOWLEDGES receipt of this Student Attendance                 |  | transportation and/or                           | tuition is charged by     |
| the District of Residence OR parent/guardian or state is resp   | oonsible for tuition)                  |   |                           |
|   |  |   |                           |
| Board Chair:  |  |   |                           |
|   |  |   |                           |
| Signature:  |  | Date:   |                           |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION                          |  |   | <del></del> -             |
| The Superintendent of Public Instruction:                       |  |   |                           |
|   |  |   |                           |
| ACKNOWLEDGES receipt of this Student Attendance Agreer          | nent                                   |   |                           |
|   |  |   |                           |
| OPI Representative:   |  |   |                           |
|   |  | D-+-  |                           |
| 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, Madilyn A.   |  |  |
| Birthdate 10 /23   12  |  |  |
| Student Addres's 1373 C Bac Rd Browning  | 8, MT 59417  |  |
| Parent/Guardian Address  |  |  |
| Individual Responsible for Placement   |  |  |
| Relationship to Student Mother   | Phone Number<br>406 - 845- 5394  |  |
| 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 un | eptance by the district of choice and will specify the costs, if any, the student attends under this agreement, the parent/guardian ander the terms of this agreement. |  |
| Signature of Parent/Guardian: Date: 11/2/20  |  |  |
| 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 147579 234  | Student Grade  |  |
| District of Choice/Placement   | District of Residence  |  |
| Individual Making Request  | Student Placement  |  |
| Parent/Guardian  Court   | ☐ Group Home Placement ☐ Foster Home Placement   |  |
| ☐ State Agency   | District to District Placement   |  |
| Enrollment Start Date 11-9-2020  | Annual Pupil Instruction Days  |  |
| SECTION III: TRANSPORTATION – TO BE COMPLETED BY   | DISTRICT OF CHOICE/PLACEMENT   |  |
| NO TRANSPORTATION will be provided. Parent/gua  Transportation Provided by District of Choice/Placement  | rdian will transport at own expense (Go to Section IV)   |  |
| Bus Service at No Cost   |  |  |
| ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of I   | Residence \$ per (attach payment schedule)   |  |
| Bus Service, charging State of Montana \$ per year (o  | ver-schedule costs only – attach documentation of costs) ndividual Transportation Contract (3 miles from school/bus stop)  |  |
| Transportation Provided by District of Residence   | nuividual Transportation Contract (3 miles from school/bus stop)   |  |
| Bus Service at No Cost   |  |  |
| ☐ Bus Service, charging parent/guardian \$ per (attach payment schedule) ☐ 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 **Total Annual Tuition Regular Education** Special Rate Type of Agreement (Regular Education (Attach FP-14A) Rate (Check one and indicate the annual amounts of Regular 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 ПŚ (District of Residence) District of Residence does not provide transportation Tuition Waived Mandatory - Geographic barrier prohibits attendance \$ (District of Residence) in District of Residence State/Court Placement □ \$ (State of Montana) (includes foster and group home placements) Tuition Waived District to District Placement □ \$ (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: 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:



School Year 20 19 - 20 20

| 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)  | Greyson D  |  |
| Birthdate 11/08/13  |  |  |
| Student Address P.D. BOX 2215 Byown   | ring Mi 1033 Sundown Rd  |  |
| Parent/Guardian Address 1033 SUN dawk   | 1 RA   |  |
| Individual Responsible for Placement Shanell  | sirdRuffler  |  |
| Relationship to Student MAHLY   | Phone Number 845-5503  |  |
| 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 will 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  |  |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 7485(0447   | Student Grade (  |  |
|   |  |  |
| Student State ID 748510447  District of Choice/Placement 15  Individual Making Request  | Student Grade  |  |
| Student State ID 7485(0447  District of Choice/Placement 15  Individual Making Request  X Parent/Guardian   | Student Grade  District of Residence  Student Placement  Group Home Placement  |  |
| Student State ID 7485(0447  District of Choice/Placement 15  Individual Making Request  X Parent/Guardian  Court  | Student Grade  District of Residence  Student Placement  Group Home Placement  Foster Home Placement   |  |
| Student State ID 7485(0447  District of Choice/Placement 15  Individual Making Request  A Parent/Guardian  Court  State Agency  | Student Grade  District of Residence  Student Placement  Group Home Placement  Foster Home Placement  District to District Placement   |  |
| Student State ID 748510447  District of Choice/Placement 15  Individual Making Request  A Parent/Guardian  Court  State Agency  Enrollment Start Date   | Student Grade  District of Residence  Student Placement  Group Home Placement  Foster Home Placement  District to District Placement  Annual Pupil Instruction Days  |  |
| Student State ID 7485(0447  District of Choice/Placement 15  Individual Making Request    Parent/Guardian   Court   State Agency   Enrollment Start Date  | Student Grade  District of Residence  Student Placement  Group Home Placement  Foster Home Placement  District to District Placement  Annual Pupil Instruction Days  DISTRICT OF CHOICE/PLACEMENT  |  |
| Student State ID 7485(0447  District of Choice/Placement 15  Individual Making Request  A Parent/Guardian  Court  State Agency  Enrollment Start Date  SECTION III: TRANSPORTATION – TO BE COMPLETED BY  NO TRANSPORTATION will be provided. Parent/guardian  | Student Grade  District of Residence  Student Placement  Group Home Placement  Foster Home Placement  District to District Placement  Annual Pupil Instruction Days  DISTRICT OF CHOICE/PLACEMENT  |  |
| Student State ID 7485(0447  District of Choice/Placement 15  Individual Making Request    Parent/Guardian   Court   State Agency   Enrollment Start Date  | Student Grade  District of Residence  Student Placement  Group Home Placement  Foster Home Placement  District to District Placement  Annual Pupil Instruction Days  DISTRICT OF CHOICE/PLACEMENT  |  |
| Student State ID 7485(0447  District of Choice/Placement 15  Individual Making Request  | 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)                   |  |
| Student State ID 7485(0447  District of Choice/Placement 15  Individual Making Request  A Parent/Guardian  Court  State Agency  Enrollment Start Date  SECTION III: TRANSPORTATION – TO BE COMPLETED BY  NO TRANSPORTATION will be provided. Parent/guardian Order of Choice/Placement  Bus Service at No Cost  Bus Service, charging parent/guardian Order of Choice per year (complete of Choice)  Bus Service, charging parent/guardian Order of Choice per year (complete of Choice)        | 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 |  |
| District of Choice/Placement  District of Choice/Placement  Individual Making Request  Parent/Guardian  Court  State Agency  Enrollment Start Date  SECTION III: TRANSPORTATION — TO BE COMPLETED BY  NO TRANSPORTATION will be provided. Parent/guar  Transportation Provided by District of Choice/Placement  Bus Service at No Cost  Bus Service, charging □ parent/guardian OR □ District of Bus Service, charging State of Montana \$ per year (count of the parent/guardian under a TR-4) | 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)                   |  |
| Student State ID 7485(0447  District of Choice/Placement 15  Individual Making Request  A Parent/Guardian  Court  State Agency  Enrollment Start Date  SECTION III: TRANSPORTATION – TO BE COMPLETED BY  NO TRANSPORTATION will be provided. Parent/guardian Order of Choice/Placement  Bus Service at No Cost  Bus Service, charging parent/guardian Order of Choice per year (complete of Choice)  Bus Service, charging parent/guardian Order of Choice per year (complete of Choice)        | 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 |  |
| Student State ID 7 + 85 (0+47)  District of Choice/Placement 15  Individual Making Request  | 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 |  |



Signature: \_\_\_

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT **Total Annual Tuition** Regular Education Special Rate Type of Agreement (Attach FP-14A) (Regular Education (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 Tuition Waived Mandatory - Geographic barrier prohibits attendance (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 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. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Board Chair: \_\_\_\_\_ Bound 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:



School Year 2020 - 2021

| Student Name (last, first, middle initial)  Meineke TSaiah Alan  Birthdate  Sept 13th 2008  Student Address  Y. D. Box 2374 Browning, MT 5747  Parent/Guardian Address  ID Bad Eyes Road Browning, MT5747  Individual Responsible for Placement  Relationship to Student  Phone Number  (406) 845-3110  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.                           |  |  |
|--|--|--|
| Sept, 13th 2008  Student Address  J. D. Box 2374 Browning, MT 59417  Parent/Guardian Address  ID Bad Eyes Road Browning, MT574(7)  Individual Responsible for Placement  Sharber Holm  Relationship to Student  Phone Number  (406) 845-3110  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  |  |  |
| Sept, 13th 2008  Student Address  J. D. Box 2374 Browning, MT 59417  Parent/Guardian Address  ID Bad Eyes Road Browning, MT574(7)  Individual Responsible for Placement  Sharber Holm  Relationship to Student  Phone Number  (406) 845-3110  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  |  |  |
| Parent/Guardian Address  Bad Eyes Road Browning, MT 59417  Individual Responsible for Placement  Sharter Holm  Relationship to Student  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  |  |  |
| Parent/Guardian Address  Bad Eyes Road Browning, MT 59417  Individual Responsible for Placement  Sharter Holm  Relationship to Student  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  |  |  |
| Parent/Guardian Address    D Bad Eyes Road Browning, MT574/7   Individual Responsible for Placement   Phone Number   |  |  |
| Individual Responsible for Placement  Sharlir Holm  Relationship to Student  Step-mom  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   |  |  |
| Individual Responsible for Placement  Sharlir Holm  Relationship to Student  Step-mom  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   |  |  |
| Relationship to Student  Step-mom  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   |  |  |
| Relationship to Student  Step-mom  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   |  |  |
| Relationship to Student  Step-mom  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   |  |  |
| Relationship to Student  Step-mom  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   |  |  |
| 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  |  |  |
| 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   |  |  |
| 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   |  |  |
| 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   |  |  |
| 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  |  |  |
| 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  |  |  |
| 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  |  |  |
| 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  |  |  |
| which will be charged to the parent/guardian for attendance. If the student attends under this agreement, the parent/guardian  |  |  |
| 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.   |  |  |
| agrees to pay the costs, if any, charged to the parent/guardian under the terms of this agreement.   |  |  |
|  |  |  |
|  |  |  |
| Signature of Parent/Guardian: Date: 10/5/20  |  |  |
|  |  |  |
| 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   |  |  |
| 222 6876   |  |  |
|  |  |  |
| DISTRICT OF RESIDENCE  |  |  |
|  |  |  |
| Individual Making Request  Student Placement   |  |  |
| Individual Making Request Student Placement  |  |  |
| Individual Making Request  ☑ Parent/Guardian  Student Placement  ☐ Group Home Placement  |  |  |
| Individual Making Request  ☑ Parent/Guardian ☐ Court  ☐ Student Placement ☐ Group Home Placement ☐ Foster Home Placement   |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ State Agency ☐ Student Placement ☐ Group Home Placement ☐ Foster Home Placement ☐ District to District Placement   |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ District to District Placement ☐ District Placement ☐ District Placement   |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ State Agency ☐ Student Placement ☐ Group Home Placement ☐ Foster Home Placement ☐ District to District Placement   |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ District to District Placement ☐ Annual Pupil Instruction Days ☐ Court ☐ District Days   |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ District to District Placement ☐ District to District Placement ☐ Annual Pupil Instruction Days  SECTION III: TRANSPORTATION — TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT   |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Group Home Placement ☐ Foster Home Placement ☐ District to District Placement ☐ Annual Pupil Instruction Days  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)   |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ District to District Placement ☐ Annual Pupil Instruction Days  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  |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ District to District Placement ☐ Annual Pupil Instruction Days  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   |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ District to District Placement ☐ Annual Pupil Instruction Days  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)   |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ District to District Placement ☐ Annual Pupil Instruction Days  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)   |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ District to District Placement ☐ NO 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  |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ District to District Placement ☐ NO 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)  |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ District to District Placement ☐ District to District Placement ☐ NO 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 |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ District to District Placement ☐ NO 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         |  |  |
| Individual Making Request  ☐ Parent/Guardian ☐ Court ☐ State Agency ☐ District to District Placement ☐ District to District Placement ☐ NO 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 |  |  |



| Type of Agreement  (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition  | Regular Education<br>Rate | Special Rate<br>(Attach FP-14A) | Total Annual Tuition<br>(Regular Education<br>Rate +<br>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            |                                 | \$<br>(Parent/Guardian)   |
| Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>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            | \$\$                            | \$<br>(District of Residence)   |
| 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 of Residence)   | required if transporta    |                                 | to be paid by the District  |
| DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance of 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 OR parent OR p | oonsible for tuition)     |                                 | tuition is charged by   |
| 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

| request that the following student be allowed to attend a scho   | ool district outside the student's District of Residence   |
|--|--|
| Student Name (last, first, middle initial)   | ef Emma L  |
| Birthdate 12.38.3007   |  |
| Student Address BOX 160 Browning   | MT 59417 133 Katrina   |
| Parent/Guardian Address<br>KICK Augare, BOX 160 Bi   | mT 59417 33 Katrina<br>rowning mt 59417  |
| Kicki Micrare  |  |
| Relationship to Student  Mother  | Phone Number<br>845-2324   |
| Agency Responsible for Placement:  |  |
| Address (include city, state and zip code):  |  |
| which will be charged to the parent/guardian for attendance. agrees to pay the costs, if any, charged to the parent/guardian | acceptance by the district of choice and will specify the costs, if any, If the student attends under this agreement, the parent/guardian n under the terms of this agreement.  Date: 10-29-20 |
| Signature of Parent/Guardian:  | //   |
| 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 CHOIC   | CE/PLACEMENT   |
| Student State ID   | 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 11-2-2020  | Annual Pupil Instruction Days  |
| SECTION III: TRANSPORTATION – TO BE COMPLETED I  | BY DISTRICT OF CHOICE/PLACEMENT  |
| ☐ NO TRANSPORTATION will be provided. Parent/g   | guardian will transport at own expense (Go to Section IV)  |
| Transportation Provided by District of Choice/Placement  |  |
| Bus Service at No Cost   | h of Dockhaman C   |
| ☐ Bus Service, charging ☐ parent/guardian OR ☐ District ☐ Bus Service, charging State of Montana \$ per yea                  | t of Residence \$ per (attach payment schedule)  |
| ☐ Mileage reimbursement to the parent/guardian under a TR  | R-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   |  |
|  |  |



| Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition  | Regular Education<br>Rate | Special Rate<br>(Attach FP-14A) | Total Annual Tuition<br>(Regular Education<br>Rate +<br>Special Rate) |
|---|---------------------------|---------------------------------|---|
| Parent/Guardian Request  Discretionary – Parent/Guardian requests to enroll student outside District of Residence   | Tuition Waived            | 2                               | \$(Parent/Guardian)   |
| Mandatory – Elementary student to attend where high school age sibling(s) attends   | Tuition Waived            |                                 | \$<br>(Parent/Guardian)   |
| Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>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>                       | \$<br>(District of Residence)   |
| State/Court Placement<br>(includes foster and group home placements)  | <b></b> \$                | \$\$                            | \$<br>(State of Montana)  |
| District to District Placement  | Tuition Waived            | \$\$                            | \$<br>(District of Residence)   |
| Board Chair:  Signature:  B. DISTRICT OF RESIDENCE The Board of Trustees:  APPROVES this Student Attendance Agreement (only of Residence)                               | required if transportat   |                                 | o be paid by the Distric  |
| DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance Agreement 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:  |                           | Date.                           |   |
| ACKNOWLEDGES receipt of this Student Attendance Agreen  | nent                      |                                 |   |
| OPI Representative:   |                           |                                 |   |
| Signature:  |                           | Date:                           |   |



School Year 20<u>20</u> - 20<u>21</u>

| 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)  | A. Poseu   |  |
| Birthdate 11/03/2004  |  |  |
| Student Address PO Box 2420   | Proming MT 59417   |  |
| Parent/Guardian Address   | APOVEPHYSICATIZA Trvin Tra   |  |
| Individual Responsible for Placement Valerie  | tome Gun   |  |
| Relationship to Student   | 345-(0236 Cell 338-7921(home   |  |
| Agency Responsible for Placement: BAWHH   |  |  |
| Address (include city, state and zip code): P. OBOVH 243  | 3 Browning MA 59417-   |  |
| Parent Signature  | eptance by the district of choice and will specify the costs, if any, the student attends under this agreement, the parent/guardian                                    |  |
| Signature of Parent/Guardian: Oll Hong  | Date: 10:29-20   |  |
| 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  |  |
| 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 11-2-2020   | Annual Pupil Instruction Days  |  |
| SECTION III: TRANSPORTATION – TO BE COMPLETED BY  NO TRANSPORTATION will be provided. Parent/gua                          |  |  |
| ☐ Bus Service, charging State of Montana \$ per year (c☐ Mileage reimbursement to the parent/guardian under a TR-4        | Residence \$ per (attach payment schedule) 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 |  |  |



| Type of Agreement  (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition   | Regular Education<br>Rate                   | Special Rate<br>(Attach FP-14A) | Total Annual Tuition<br>(Regular Education<br>Rate +<br>Special Rate) |
|---|---|---------------------------------|---|
| Parent/Guardian Request  Discretionary – Parent/Guardian requests to enroll student outside District of Residence   | Tuition Waived                              | about 1                         | \$(Parent/Guardian)   |
| Mandatory – Elementary student to attend where high school age sibling(s) attends   | Tuition Waived                              |                                 | \$<br>(Parent/Guardian)   |
| Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>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)   | \$\$  | \$\$                            | \$<br>(State of Montana)  |
| District to District Placement  | Tuition Waived                              | <u>\$</u>                       | \$(District of Residence)   |
| B. DISTRICT OF RESIDENCE  |   | Date:                           | 1-10-30   |
| The Board of Trustees:  APPROVES this Student Attendance Agreement (only of Residence)  DISAPPROVES this Student Attendance Agreement  ACKNOWLEDGES receipt of this Student Attendance the District of Residence OR parent/guardian or state is response. | Agreement (only if no consible for tuition) | transportation and/or           |   |
| Board Chair:  |   |                                 |   |
| Signature:  |   | Date:                           | F ANSAG CO  |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreen   | ment  |                                 | ,   |
| OPI Representative:   |   |                                 |   |
| Signature:  |   | Date:                           |   |



School Year 20 <u>ঝ্</u> - 20 <u>ঝ</u>

| I request that the following student be allowed to attend a schoo  | district outside the student's District of Residence   |
|--|--|
| Student Name (last, first, middle initial)   |  |
| Red Horn Nanna R.  |  |
| Birthdate  |  |
| 7-18-2012  |  |
| Children & Adams   |  |
| 137 3rd AUL N.W CXX R  | une Mt.  |
| Parent/Guardian Address  Shavon ne Red Horn  Individual Responsible for Placement  | MIK 1001   |
| Sharran Rad Horas  |  |
| Individual Pernansihle for Placement   |  |
| Mother   | ( UNI) 1102-9121   |
| Relationship to Student  | (406) 402-9631. Phone Number   |
| neiduonship to student   | Phone Number   |
| Agency Responsible for Placement:  |  |
| Address (include city, state and zip code):  |  |
| Parent Signature   |  |
| <del>-</del>   | cceptance by the district of choice and will specify the costs, if any,  |
| which will be charged to the parent/guardian for attendance. If  | f 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:  | Date: 11/03/20   |
| 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  | T/DLACCAAFAIT  |
|  |  |
| Student State ID 203494 281  | Student Grade 3  |
| District of Choice/Placement   | District of Residence <  |
| L  |  |
| Individual Making Request  | Student Placement  |
| Parent/Guardian  | ☐ Group Home Placement .   |
| ☐ Court  | ☐ Foster Home Placement  |
| ☐State Agency  | District to District Placement   |
| Enrollment Start Date 11-3-2020  | Annual Pupil Instruction Days  |
| SECTION III: TRANSPORTATION - TO BE COMPLETED B  | V DISTRICT OF CHOICE/DI ACEMENIT   |
|  |  |
| Transportation Provided by District of Chair (District)  | uardian will transport at own expense (Go to Section IV)   |
| Transportation Provided by District of Choice/Placement ☐ Bus Service at No Cost   |  |
|  | .tn. th  |
| Bus Service, charging 11 parent/guardian OR 11 District of University District Only Dist | of Residence \$ per (attach payment schedule)  |
| Li bus service, charging state of Montana 5 per year   | (lover-schedule costs only – attach documentation of costs)  |
| Mileage reimburgement to the parent/guardian under a TR  | A ladicidual Transportation Contract 12 will a form 1 10   |
| Li Mileage reimbursement to the parent/guardian under a TR-  | 4 Individual Transportation Contract (3 miles from school/bus stop)  |
| LJ Mileage reimbursement to the parent/guardian under a TR-<br>Transportation Provided by District of Residence  | 4 Individual Transportation Contract (3 miles from school/bus stop)  |
| ☐ Mileage reimbursement to the parent/guardian under a TR- Transportation Provided by District of Residence ☐ Bus Service at No Cost   | 4 Individual Transportation Contract (3 miles from school/bus stop)  (attach payment schedule)  4 Individual Transportation Contract (more than 3 miles school/bus stop) |



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) Rate (Check one and indicate the annual amounts of Regular Rate + Education, Special Rate and Total Annual Tuition Special Rate) Parent/Guardian Request X Tuition Waived Discretionary - Parent/Guardian requests to enroll (Parent/Guardian) □<u>\$</u> 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 \_\_\_\_ Tuition Waived Mandatory – Geographic barrier prohibits attendance (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 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: X 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:



School Year 20<u>ae</u> - 20<u>al</u>

| 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)   |   |
| Kecktorn, Jalen 1)   |   |
| Birthdate  |   |
| 11-3-14  |   |
| Student Address Ave Niw. 10  | & Bank MA   |
| 137 300 AVA NICKO. AC  | of Bank MA  |
| Parent/Guardian Address  |   |
| Shayonne Red Horn  |   |
| Individual Responsible for Placement   |   |
| Mother.  | 402-402-9621  |
| Relationship to Student  | 402-402-9631<br>Phone Number  |
| ·  | , none training   |
| Agency December 11 for Discourse   |   |
| Agency Responsible for Placement:  |   |
| Address finalists state and the state  |   |
| Address (include city, state and zip code):  |   |
| Parent Signature   |   |
| This agreement will be returned to the parent/guardian after acc   | eptance by the district of choice and will specify the costs, if any, |
| which will be charged to the parent/guardian for attendance. If t  | the student attends under this agreement, the parent/guardian         |
| agrees to pay the costs, if any, charged to the parent/guardian un   | nder the terms of this agreement                                      |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | and the terms of this agreement.                                      |
| Signature of Parent/Guardian:  |   |
| State Agency/Court Request OR Group Home Representative Si   |   |
| State Agency/ court reduces on group notife representative 21  | gnature   |
| Signature of Official of State Agency/Court/Group Home:  | Data.   |
| The state of the state of gently county or out priorities.   | Date:   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/   | PLACEMENT   |
|  | Student Grade   |
| 10 315 325   | Student Grade   |
| District of Choice/Placement   | District of Residence   |
| Individual Making Request  | Student Placement   |
| ☑ Parent/Guardian  | Group Home Placement .  |
| Court  | ☐ Foster Home Placement   |
| State Agency   | L   |
| Francisco Charles Date   | District to District Placement  |
| Enrollment Start Date 11-3-2020  | 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   | Residence \$ per (attach payment schedule)                            |
| Bus Service, charging State of Montana \$ per year (c  | ever-schedule costs only – attach documentation of costs)             |
| DAdilages with the second of t |   |
| ☐ Mileage reimbursement to the parent/guardian under a TR-4  | Individual Transportation Contract (3 miles from school/bus stop)     |
| Li Mileage reimbursement to the parent/guardian under a TR-4 Transportation Provided by District of Residence  | Individual Transportation Contract (3 miles from school/bus stop)     |
| ☐ Mileage reimbursement to the parent/guardian under a TR-4  Transportation Provided by District of Residence ☐ Bus Service at No Cost   | (attach payment schedule)   |



SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT **Total Annual Tuition** Special Rate Regular Education Type of Agreement (Attach FP-14A) (Regular Education Rate (Check one and indicate the annual amounts of Regular 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 Tuition Waived Mandatory - Geographic barrier prohibits attendance (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 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. 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:



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) Rios, Kaden C. February 24, 2011 Student Address #2 Bad Eyes Road Blackfoot, MT 59417/PO Box 670 Cut Bank, MT 59427 Parent/Guardian Address #2 Bad Eyes Road Blackfoot, MT 59417/PO Box 670 Cut Bank, MT 59427 Individual Responsible for Placement Edwina Rios Relationship to Student Parent Phone Number 406-564-3418 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: 4-22 Signature of Parent/Guardian: / 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 3 615887811 District of Choice/Placement 15 District of Residence a Individual Making Request Student Placement ☑ Parent/Guardian ☐ Group Home Placement Court ☐ Foster Home Placement ☐ State Agency District to District Placement **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 \$\_ 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 \$\_\_\_\_ \_ per (attach payment schedule)

Mileage reimbursement to the parent/guardian under a TR-4 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<br>Rate  | Special Rate<br>(Attach FP-14A) | Total Annual Tuition<br>(Regular Education<br>Rate +<br>Special Rate) |
|---|--|---------------------------------|---|
| Parent/Guardian Request  Discretionary – Parent/Guardian requests to enroll student outside District of Residence   | Tuition Waived   |                                 | \$<br>(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<br>and at least 3 miles from resident district school AND<br>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>  | <u>\$</u>                       | \$<br>(State of Montana)  |
| District to District Placement  | Tuition Waived   | \$\$                            | \$<br>(District of Residence)   |
| Board Chair:    Doug Ray  | greement (only if no t   |                                 | o be paid by the District   |
| Board Chair:Signature:  |  |                                 |   |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION  The Superintendent of Public Instruction:  ACKNOWLEDGES receipt of this Student Attendance Agreem                               | ent  |                                 |   |
| OPI Representative:   |  |                                 | der de  |
| Signature:  | The state of the s | 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)   |  |
| Chelsyo Skylcap  |  |
| Birthdate 0-5-08   |  |
| 36 arrowtop [c]  |  |
| Parent/Guardian Address  |  |
| P.O box 14126 Browning   |  |
| Individual Responsible for Placement   | ,  |
| Jessica LaPlant  | 845-9004   |
| Relationship to Student  | Phone Number   |
|  |  |
| Agency Responsible for Placement:  |  |
| Address (include city, state and zip code):  |  |
| Parent Signature   |  |
| This agreement will be returned to the parent/guardian after acc   | eptance by the district of choice and will specify the costs, if any,  |
| 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:  | CuD  |
| 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 554462128   | Student Grade  |
| District of Choice/Placement 15  | District of Residence  |
| Individual Making Request  | Student Placement  |
| ☑ Parent/Guardian  | Student Flacement  |
|  | Group Home Placement   |
| ☐ Court  | 5- E-200 March - 190 M (200 Accordance of the Control of the Contr |
| ☐ Court ☐ State Agency   | ☐ Group Home Placement   |
| ☐ Court  | ☐ Group Home Placement ☐ Foster Home Placement   |
| Court State Agency   | Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days  |
| □ Court □ State Agency Enrollment Start Date   | Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days  DISTRICT OF CHOICE/PLACEMENT  |
| □ 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   | Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days  DISTRICT OF CHOICE/PLACEMENT  |
| □ 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  | Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days  DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)   |
| □ 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 □ Bus Service, charging □ parent/guardian OR □ District of I   | Group Home Placement Foster 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   |
| □ 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 □ Bus Service, charging □ parent/guardian OR □ District of □ Bus Service, charging State of Montana \$ per year (o   | Group Home Placement Foster 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   |
| □ 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 □ Bus Service, charging □ parent/guardian OR □ District of □ Bus Service, charging State of Montana \$ per year (o □ Mileage reimbursement to the parent/guardian under a TR-4 I   | Group Home Placement Foster 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   |
| □ 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 □ 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 | Group Home Placement Foster 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   |
| □ 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 □ Bus Service, charging □ parent/guardian OR □ District of □ Bus Service, charging State of Montana \$ per year (o □ Mileage reimbursement to the parent/guardian under a TR-4 I   | Group Home Placement Foster 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 \$   |



| Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition   | Regular Education<br>Rate | Special Rate<br>(Attach FP-14A) | Total Annual Tuition<br>(Regular Education<br>Rate +<br>Special Rate) |
|--|---------------------------|---------------------------------|---|
| Parent/Guardian Request  Discretionary – Parent/Guardian requests to enroll student outside District of Residence  | Tuition Waived            |                                 | \$<br>(Parent/Guardian)   |
| Mandatory – Elementary student to attend where high school age sibling(s) attends  | Tuition Waived            |                                 | \$<br>(Parent/Guardian)   |
| Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>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)  | <b></b> \$                | <u>\$</u>                       | \$<br>(State of Montana)  |
| District to District Placement   | Tuition Waived            | \$\$                            | \$(District of Residence)   |
| Board Chair:  Doug Ray  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 Attendanc | Agreement (only if no t   | ion and/or tuition is t         |   |
| 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

| 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  |   |
| Student Name (last, first, middle initial) Kas Whiteman   |   |
| Birthdate 5/27/09   |   |
| Student Address<br>35 Sundown Rd Browning, N  | T 59417   |
| Parent/Guardian Address   |   |
| Individual Responsible for Placement Katie Boyo   | 16  |
| Relationship to Student   | Phone Number 404-546-4176   |
| 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 | 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.  Date: 9/29/28 |
| State Agency/Court Request OR Group Home Representative S   |   |
|   | g   |
| Signature of Official of State Agency/Court/Group Home:   | Date:   |
| SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,  | /PLACEMENT  |
| Student State ID 607684247  | 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  |
| Enrollment Start Date   | Annual Pupil Instruction Days   |
| August 26, 2020   | 177   |
| SECTION III: TRANSPORTATION – TO BE COMPLETED BY  |   |
| ☐ NO TRANSPORTATION will be provided. Parent/gua<br>Transportation Provided by District of Choice/Placement<br>☐ Bus Service at No Cost<br>☐ 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, charging parent/guardian \$ per   |   |



Type of Agreement

(Check one and indicate the annual amounts of Regular

Education, Special Rate and Total Annual Tuition

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

| Education, Special Nate and Total Annual Tuttle  |                          |               | Special Rate)                 |
|--|--------------------------|---------------|-------------------------------|
| Parent/Guardian Request  Discretionary – Parent/Guardian requests to enroll student outside District of Residence  | Tuition Waived           |               | \$<br>(Parent/Guardian)       |
| Mandatory – Elementary student to attend where high school age sibling(s) attends  | Tuition Waived           |               | \$<br>(Parent/Guardian)       |
| Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>District of Residence does not provide transportation  | Tuition Waived           | <b></b> \$    | \$(District of Residence)     |
| Mandatory – Geographic barrier prohibits attendance in District of Residence   | Tuition Waived           | \$\$          | \$<br>(District of Residence) |
| State/Court Placement (includes foster and group home placements)  | <b></b> \$               | \$            | \$<br>(State of Montana)      |
| District to District Placement   | Tuition Waived           | \$\$          | \$<br>(District of Residence) |
| A signature below acknowledges receipt of the Student Attendant Parent/Guardian, District of Residence, or the State of Montana of A. DISTRICT OF CHOICE/PLACEMENT  The Board of Trustees:  APPROVES this Student Attendance Agreement  DISAPPROVES this Student Attendance Agreement      | as indicated in Sections | s III and IV. | m be enarged to the           |
| Board Chair: Doug Ray  Signature: Doug Ray   |                          | Date:         | -13:20                        |
| 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 Agreement the District of Residence OR parent/guardian or state is response. | Agreement (only if no    |               |                               |
| Board Chair:Signature:   |                          | Date:         |                               |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:   |                          |               |                               |
| ACKNOWLEDGES receipt of this Student Attendance Agreen   |                          |               |                               |
| OPI Representative:  |                          | No.           |                               |
| Signature:   |                          | Date:         |                               |

**Total Annual Tuition** 

(Regular Education

Rate +

Special Rate

(Attach FP-14A)

Regular Education

Rate



School Year 20 20 - 20 21

#### 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) Wilder, Morgan L. Birthdate May 7, 2008 Student Address 31 Harwood Drive Cut 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 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 Student Grade 7 511039792 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** 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 \$\_ ☐ 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 \$\_\_\_ per (attach payment schedule) ☐ Mileage reimbursement to the parent/guardian under a TR-4 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<br>Rate                    | Special Rate<br>(Attach FP-14A) | Total Annual Tuition<br>(Regular Education<br>Rate +<br>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                               |                                 | \$<br>(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                               | \$\$                            | \$<br>(District of Residence)   |
| State/Court Placement (includes foster and group home placements)   | <u></u> \$                                   | <u></u> \$\$                    | \$<br>(State of Montana)  |
| District to District Placement  | Tuition Waived                               | <u></u> \$\$                    | \$<br>(District of Residence)   |
| Board Chair: Doug Ray Signature: Josephs & Ray  B. DISTRICT OF RESIDENCE  |  | Date: <u>6</u>                  | -9-20   |
| The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance A the District of Residence OR parent/guardian or state is responsed Chair: | Agreement (only if no toonsible for tuition) | transportation and/or           |   |
| Signature:  |  |                                 |   |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION  The Superintendent of Public Instruction:  ACKNOWLEDGES receipt of this Student Attendance Agreem  OPI Representative:  |  |                                 |   |
| Signature:  |  | Date:                           |   |



School Year 2020 - 2021

| ol district outside the student's District of Residence   |
|---|
| , Jasmina O.  |
| 2009  |
| ircle, Browning, MT 59417   |
| above   |
| ELMURODOV, DTABEK   |
| Phone Number  |
|   |
|   |
| 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: 09.11.2020  |
| Signature   |
| Date:   |
| E/PLACEMENT   |
| Student Grade   |
| District of Residence   |
| Student Placement   |
| Group Home Placement  |
| Foster Home Placement   |
| Annual Pupil Instruction Days   |
| Y DISTRICT OF CHOICE/PLACEMENT  uardian will transport at own expense (Go to Section IV)  |
|   |
| received the second second  |
| of Residence \$ per (attach payment schedule)   |
| (over-schedule costs only – attach documentation of costs)  |
| (over-schedule costs only – attach documentation of costs) 4 Individual Transportation Contract (3 miles from school/bus stop)  |
| (over-schedule costs only – attach documentation of costs) 4 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<br>Rate                        | Special Rate<br>(Attach FP-14A) | Total Annual Tuition<br>(Regular Education<br>Rate +<br>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                                   | n e                             | \$<br>(Parent/Guardian)   |
| Mandatory – Student lives closer to school of choice<br>and at least 3 miles from resident district school AND<br>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)   | <b></b> \$                                       | <u>\$</u>                       | \$<br>(State of Montana)  |
| District to District Placement  | Tuition Waived                                   | <u>\$</u>                       | \$<br>(District of Residence)   |
| APPROVES this Student Attendance Agreement  DISAPPROVES this Student Attendance Agreement  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 the District of Residence OR parent/guardian or state is res  Board Chair: | Agreement (only if no t<br>ponsible for tuition) | ion and/or tuition is to        |   |
| Signature:  |  |                                 | 2. 87   |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION  The Superintendent of Public Instruction:  ACKNOWLEDGES receipt of this Student Attendance Agreen   |  |                                 |   |
| Signature:  |  |                                 |   |



School Year 2020 - 2021

| SECTION I: TO BE COMPLETED BY PA   | ARENT/GUARDIAN -   | OR – OFFICIAL OF                                      | STATE AGENCY/COURT   |
|--|--|---|--|
| request that the following student be allo<br>Student Name (last, first, middle initial)   | wed to attend a school   | district outside the st                               | udent's District of Residence  |
| Yarashes.  | Azim O.  |   |  |
| Birthdate 17 SEP 2010  |  | PO BOX 1963   |  |
| Student Address 7 NEW h  | lospital Circle  | , Browning,   | MT 59417-1963<br>LIAME AS ABOVE  |
| Parent/Guardian Address  | nuropov, Otabe   | k -> th   | e Jame As above  |
| ndividual Responsible for Placement  | 1  |   |  |
| Relationship to Student  | ATHER  | Phon  | 206.33506 84   |
| Agency Responsible for Placement:  |  |   | - 1 1 927  |
| Address (include city, state and zip code):  | :  |   |  |
| Parent Signature This agreement will be returned to the pay Which will be charged to the parent/guard Digrees to pay the costs, if any, charged to | dian for attendance. If t  | he student attends ur                                 | ct of choice and will specify the costs, if any, nder this agreement, the parent/guardian agreement. |
| Signature of Parent/Guardian:  | 0. Ehm   | mel   | Date: _09-14-2020  |
| State Agency/Court Request OR Group Hassissian Agency/Coursignature of Official of State Agency/Cour   |  | gnature   | Date:  |
| CTION II: TO BE COMPLETED BY D   | ISTRICT OF CHOICE/   | PLACEMENT   |  |
| itudent State ID 9292018   |  | Student Grade   | 5  |
| District of Choice/Placement 15  | 3 4 27   | District of Residence                                 | <u>~</u>   |
| ndividual Making Request ☑ Parent/Guardian ☑ Court ☑ State Agency  |  | Student Placement Group Hom Groster Hom District to D |  |
| inrollment Start Date 9-14-  | 2020   | Annual Pupil Instruc                                  |  |
| CTION III: TRANSPORTATION — TO  NO TRANSPORTATION will be p  ransportation Provided by District of Ch  Bus Service at No Cost                      | BE COMPLETED BY provided. Parent/gual oice/Placement District of F | dian will transport                                   | at own expense (Go to Section IV)  |
| ransportation Provided by District of Re  Bus Service at No Cost  Bus Service, charging parent/guardia   | nt/guardian under a TR-4 li<br>sidence<br>in \$ per                | ndividual Transportation                              | n Contract (3 miles from school/bus stop)  |



| 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  |                   |  | Rate +                                   |
|   |                   |  | Special Rate)                            |
| Parent/Guardian Request   | ✓ Tuition Waived  |  | ١  |
| Discretionary – Parent/Guardian requests to enroll  |                   |  | (Parent/Guardian)                        |
| student outside District of Residence   | \$\$              |  | (, c, d, , , , , , , , , , , , , , , , , |
| Mandatory – Elementary student to attend where high   | Tuition Waived    |  | Ś  |
| school age sibling(s) attends   | <b></b> \$\$      |  | (Parent/Guardian)                        |
| Mandatory – Student lives closer to school of choice  | Tuition Waived    |  |  |
| and at least 3 miles from resident district school AND  | <b>□</b> \$       | <b></b> \$                                 | (District of Residence)                  |
| District of Residence does not provide transportation   | <b>—</b>          |  | (District of Residence)                  |
| Mandatory – Geographic barrier prohibits attendance   | Tuition Waived    |  | \$                                       |
| in District of Residence  | <b>□</b> \$       | <u>                                   </u> | (District of Residence)                  |
| State/Court Placement   | <u> </u>          |  |  |
| (includes foster and group home placements)   | <b></b> \$        | <b></b> \$                                 | \$                                       |
|   | Tuisia a Maissa   |  | (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 Attendance Agreement. Transportation and tuition will be charged to the |                   |  |  |
| A signature below acknowledges receipt of the Student Attendance Agreement. Hansportation and tuition will be tharged as and  |                   |  |  |
| 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   |                   |  |  |
| Board Citali:   |                   |  |  |
| 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:  |                   |  |  |
|   |                   | Date                                       |  |
| Signature:  |                   | Date:                                      |  |
| C. SUPERINTEDENT OF PUBLIC INSTRUCTION  |                   |  |  |
| The Superintendent of Public Instruction:   |                   |  |  |
| ACKNOWLEDGES receipt of this Student Attendance Agreement   |                   |  |  |
| ·   |                   |  |  |
| OPI Representative:   |                   |  |  |
| Signature:  |                   | Date:                                      |  |
| · ·   |                   |  |  |