

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 1/10/23



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

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**Date:**   1/3/23

**To:**   Corrina Guardipee-Hall  
          Browning Public Schools

**From:**   Wayne Bull Calf  
**Title:**   Transportation Supervisor

**Subject:** **Student Attendance Agreement 2022-2023 school year**

**Description:** Request approval for the Cut Bank Elementary Student Attendance Agreement for the 2022-2023 school year.

**Financial Impact:** \$ N/A

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

**Attachment(s):** 2022-2023 Student Attendance Agreement forms.

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

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

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

## STUDENT ATTENDANCE AGREEMENT (FP-14)

School Year 20\_\_ - 20\_\_

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)		Morris Westar, Angore Rylee	
Birthdate		6-25-08 1-21-14	
Student Address		7207 Seville Loop Cut Bank MT	
Parent/Guardian Address		59422	
Individual Responsible for Placement			
Relationship to Student		Phone Number	
Mother		706 845 5802	
Agency Responsible for Placement: <u>Cut Bank</u>			
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:		Date: 1-3-23	
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	8th, 3rd
District of Choice/Placement	District of Residence	
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement	
Enrollment Start Date	Annual Pupil Instruction Days	1-3-23

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)

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

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

Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition)	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
<b>Parent/Guardian Request</b> Discretionary – Parent/Guardian requests to enroll student outside District of Residence	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<b>State/Court Placement</b> (includes foster and group home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<b>District to District Placement</b>	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

**SECTION V: AGREEMENTS AND SIGNATURES**

*A signature below acknowledges receipt of the Student Attendance Agreement. Transportation and tuition will be charged to the Parent/Guardian, District of Residence, or the State of Montana as indicated in Sections III and IV.*

**A. DISTRICT OF CHOICE/PLACEMENT**  
 The Board of Trustees:  
 APPROVES this Student Attendance Agreement  
 DISAPPROVES this Student Attendance Agreement  
 Board Chair: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. DISTRICT OF RESIDENCE**  
 The Board of Trustees:  
 APPROVES this Student Attendance Agreement (only required if transportation and/or tuition is to be paid by the District of Residence)  
 DISAPPROVES this Student Attendance Agreement  
 ACKNOWLEDGES receipt of this Student Attendance Agreement (only if no transportation and/or tuition is charged by the District of Residence OR parent/guardian or state is responsible for tuition)  
 Board Chair: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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