

Browning Public Schools
Board Agenda Request
Meeting To Be Held: November 30, 2016



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

Date: **November 18, 2016**

To: **Board of Trustees**
 Browning Public Schools

From: John Rouse
Title: Superintendent of Schools

Subject: **Student Attendance Agreement 2016-2017**

Description: Attendance Agreement with Havre Public Schools

Justification (District Goals: The tuition is waived

Financial Impact: None

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

Attachment(s): Student Attendance Agreement

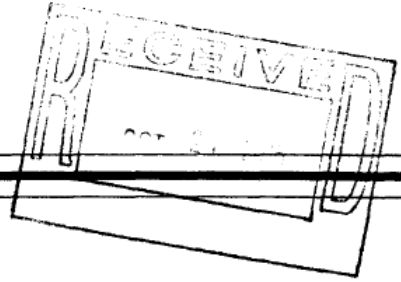
Approval: Superintendent's Office/Finance/Personnel as applicable (Initial) _____

Comments: _____

Board Action: N/A (Info) Approved Denied Tabled to: _____


HAVRE PUBLIC SCHOOLS

PO. Box 7791 - 425 6th Street
HAVRE, MONTANA 59501



Phone
(406) 265-4356

Fax
(406) 265-8460

DATE: October 10, 2016
TO: Business Manager
FROM: Shanna Flores,  Havre School District Business Manager
RE: Attendance Agreement 2016-2017 School Year

Please find the attendance agreement requested by the parent to attend the Havre School District 16-A for the 2016-2017 school year. We are requesting your Board take action on this request and return upon completion.





Montana
Office of Public Instruction
Denise J. Janssen, State Superintendent

STUDENT ATTENDANCE AGREEMENT

School Year 2015 - 2016

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

I request that the following student be allowed to attend a school district outside the student's District of Residence.

Student Name (last, first, middle initial) <u>Denny, Christian</u>	
Grade (for year of attendance) <u>11th</u>	Birth Date Mo <u>10</u> Day <u>10</u> Year <u>98</u>
Student Address <u>105 Venture Way</u>	City/State/Zip Code <u>Boulder, MT 59632</u>
Parent/Guardian Address (if different) <u>315 4th Street</u>	City/State/Zip Code <u>Haure, MT 59501</u>
Name of Parent/Guardian or Group Home Representative -OR- Name and Title of Official of State Agency/Court Responsible for Placement (print) <u>Kevin R. Buerkle, Chief JPO</u>	Telephone Number <u>ext. 243 (406) 265-5481</u>
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian) <u>12th Judicial District Youth Court, 315 4th St. Haure, MT 59501</u>	
Parent Request 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: _____
State Agency/Court Request OR Group Home Representative	
Signature of Official of State Agency/Court/Group Home: <u>Kevin R. Buerkle</u>	Date: <u>8-14-15</u>

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

Student State ID <u>298317610</u>	District Last Attended <u>Browning HS</u>
District of Choice/Placement <u>Jefferson High School</u>	District of Residence <u>Box Elder, MT Haure HS</u>
Individual Making Request <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input checked="" type="checkbox"/> State Agency	Student Placement <input checked="" type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance <u>8-26-15</u>	Annual Pupil Instruction Days <u>147</u>

5-610

SECTION III: TRANSPORTATION - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT OF RESIDENCE

NO TRANSPORTATION will be provided. Parent/guardian will transport at own expense. (GO TO SECTION IV)

Check all that apply	District of Choice/Placement:
	<input type="checkbox"/> Bus service, at NO COST <input type="checkbox"/> Bus service, charging parents \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Bus service, charging 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 (over 3 miles from school or bus stop)
	District of Residence:
	<input type="checkbox"/> Bus service, at NO COST <input type="checkbox"/> Bus service, charging parent \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)