

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 9/26/19



- 
- 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:**    9/17/19

**To:**        **Corrina Guardipee-Hall**  
                  Superintendent

**From:**    Teri DeRoche  
**Title:**     Director of Transportation

**Subject:**   **Student Attendance Agreements 2019-2020**

**Description:** Request approval of Student Attendance Agreements for BPS students attending Cut Bank elementary schools.

**Financial Impact:** none

**Funding Source (Budget/grant, etc.):** none

**Attachment(s):** Student Attendance Agreements

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

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

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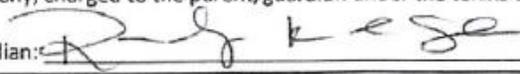
**Board Action:**    N/A (Info)     Approved     Denied     Tabled to: \_\_\_\_\_

## STUDENT ATTENDANCE AGREEMENT (FP-14)

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

### 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, Ebonee E.		
Birthdate			
Student Address			
Parent/Guardian Address	same		
Individual Responsible for Placement	Randy Augare / Joe ArrowTopKnot		
Relationship to Student	parents	Phone Number	
Agency Responsible for Placement:			
Address (include city, state and zip code):			
<b>Parent Signature</b>	<p>This agreement will be returned to the parent/guardian after acceptance by the district of choice and will specify the costs, if any, which will be charged to the parent/guardian for attendance. If the student attends under this agreement, the parent/guardian agrees to pay the costs, if any, charged to the parent/guardian under the terms of this agreement.</p>		
Signature of Parent/Guardian:			Date: 9.10.19
<b>State Agency/Court Request OR Group Home Representative Signature</b>			
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 6
District of Choice/Placement 15	District of Residence 9
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 8/27/2019	Annual Pupil Instruction Days 177

### SECTION III: TRANSPORTATION – TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT

NO TRANSPORTATION will be provided. Parent/guardian will transport at own expense (Go to Section IV)

<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 type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging parent/guardian \$_____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)	

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

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

**SECTION V: AGREEMENTS AND SIGNATURES**

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

**A. DISTRICT OF CHOICE/PLACEMENT**  
The Board of Trustees:  
 APPROVES this Student Attendance Agreement  
 DISAPPROVES this Student Attendance Agreement  
 Board Chair: *Nathyles E Ray*  
 Signature: *Nathyles E Ray* Date: 9-10-19

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

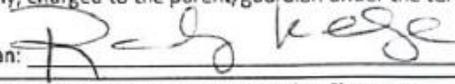
**C. SUPERINTEDENT OF PUBLIC INSTRUCTION**  
The Superintendent of Public Instruction:  
 ACKNOWLEDGES receipt of this Student Attendance Agreement  
 OPI Representative: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT ATTENDANCE AGREEMENT (FP-14)

School Year 2019 - 2020

### 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) <b>ArrowTopKnot, Kaydence A.</b>	
Birthdate	
Student Address	
Parent/Guardian Address <b>same</b>	
Individual Responsible for Placement <b>Randy Augare / Joe ArrowTopKnot</b>	
Relationship to Student <b>parents</b>	Phone Number
Agency Responsible for Placement:	
Address (include city, state and zip code):	
<b>Parent Signature</b> 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: <b>9.10.19</b>
<b>State Agency/Court Request OR Group Home Representative Signature</b> 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 <b>7</b>
District of Choice/Placement <b>15</b>	District of Residence <b>9</b>
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 <b>8/27/2019</b>	Annual Pupil Instruction Days <b>177</b>

### 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 type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging parent/guardian \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)

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

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

**SECTION V: AGREEMENTS AND SIGNATURES**

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

**A. DISTRICT OF CHOICE/PLACEMENT**

The Board of Trustees:

- APPROVES this Student Attendance Agreement  
 DISAPPROVES this Student Attendance Agreement

Board Chair: \_\_\_\_\_

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

Date: 9-10-19

**B. DISTRICT OF RESIDENCE**

The Board of Trustees:

- APPROVES this Student Attendance Agreement (only required if transportation and/or tuition is to be paid by the District of Residence)  
 DISAPPROVES this Student Attendance Agreement  
 ACKNOWLEDGES receipt of this Student Attendance Agreement (only if no transportation and/or tuition is charged by the District of Residence OR parent/guardian or state is responsible for tuition)

Board Chair: \_\_\_\_\_

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

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

**C. SUPERINTENDENT OF PUBLIC INSTRUCTION**

The Superintendent of Public Instruction:

ACKNOWLEDGES receipt of this Student Attendance Agreement

OPI Representative: \_\_\_\_\_

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

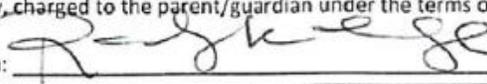
Date: \_\_\_\_\_

## STUDENT ATTENDANCE AGREEMENT (FP-14)

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

### 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, Mason D.		
Birthdate	-- --		
Student Address	-- --		
Parent/Guardian Address	same		
Individual Responsible for Placement	Randy Augare / Joe ArrowTopKnot		
Relationship to Student	parents	Phone Number	
Agency Responsible for Placement:			
Address (include city, state and zip code):			
<b>Parent Signature</b>	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: 9.10.19
<b>State Agency/Court Request OR Group Home Representative Signature</b>			
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 <u>3</u>
District of Choice/Placement <u>15</u>	District of Residence <u>9</u>
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 <u>8/27/2019</u>	Annual Pupil Instruction Days <u>177</u>

### SECTION III: TRANSPORTATION – TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT

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<b>Parent/Guardian Request</b> Discretionary – Parent/Guardian requests to enroll student outside District of Residence	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<b>State/Court Placement</b> (includes foster and group home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<b>District to District Placement</b>	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

**SECTION V: AGREEMENTS AND SIGNATURES**

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

**A. DISTRICT OF CHOICE/PLACEMENT**

The Board of Trustees:

- APPROVES this Student Attendance Agreement  
 DISAPPROVES this Student Attendance Agreement

Board Chair: \_\_\_\_\_

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

Date: 9-10-19

**B. DISTRICT OF RESIDENCE**

The Board of Trustees:

- APPROVES this Student Attendance Agreement (only required if transportation and/or tuition is to be paid by the District of Residence)  
 DISAPPROVES this Student Attendance Agreement  
 ACKNOWLEDGES receipt of this Student Attendance Agreement (only if no transportation and/or tuition is charged by the District of Residence OR parent/guardian or state is responsible for tuition)

Board Chair: \_\_\_\_\_

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

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

**C. SUPERINTENDENT OF PUBLIC INSTRUCTION**

The Superintendent of Public Instruction:

ACKNOWLEDGES receipt of this Student Attendance Agreement

OPI Representative: \_\_\_\_\_

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

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