Cut Bank Public Schools

SCHOOL DISTRICT 15 - GLACIER COUNTY

COMMITTED TO EDUCATIONAL EXCELLENCE

101 Third Avenue SE Cut Bank, MT 59427 406-873-2229 406-873-4691 FAX

September 14, 2016

Please have your Board Chairperson print and sign their name in Section V; B. of the enclosed forms and return them to me.

Thank you,

Shirley Gage

Cut Bank School District #15 Secretary

Shirley Baa



	ION I: TO BE COMPLETED BY PARENT/GUARDIA		SENCY/COURT	
	est that the following student be allowed to attend a school district out Name (last, first, middle initial)	utside the student's District of Residence.		
	Bird, Preston			
Grade	(for year of attendance)	Birth Date Mo 1 Day 15	Year 2005	
Studer	nt Address (Mo 1 Day 15 Dity/State/Zip Code	Year 2003	
23		Cut Bank, MT 59427		
		City/State/Zip Code		
	of Parent/Guardian or Group Home Representative -OR- Name and insible for Placement (print)	d Title of Official of State Agency/Court	Telephone Number	
1	eola Fish / Dan Bird, Sr.		(406) 338-4440	
Repre	senting (name and address of state agency/court/group home, if sta	ite agency/court request OR completed by	group home manager on behalf of	
parent	/guardian)			
Daza	t Paguart			
This a	t Request greement will be returned to the parent/guardian after acceptance b			
	rent/guardian for attendance. If the student attends under this agre Vguardian under the terms of this agreement.	ement, the parent/guardian agrees to pay	the costs, if any, charged to the	
	Mal. ax		le11/15	
Signa	ture of Parent/Guardian:	Date:	4(1)	
State	Agency/Court Request OR Group Home Representative			
Signa	ture of Official of State Agency/Court/Group Home:		Date:	
L				
SEC	TION II: TO BE COMPLETED BY DISTRICT OF CH	OICE/DI ACEMENT		
	nt State ID	District Last Attanded		
	871804129	District East Attended 15		
Distri	ct of Choice/Placement 15	District of Residence 9		
Indivi	dual Making Request	Student Placement		
☑	Parent/Guardian	Group Home Placement		
	Court State Agency	Foster Home Placement ' District to District Placement		
	Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178	3	
L				
SEC	TION III: TRANSPORTATION - TO BE COMPLETE	D BY DISTRICT OF CHOICE/PL	ACEMENT AND DISTRICT	
	RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian v			
	NO TRANSPORTATION will be provided. Parent/guardian v	vill transport at own expense. (GO To	O SECTION IV)	
>	District of Choice/Placement: Bus service, at NO COST			
dd	Bus service, charging parents \$per	(attach payment schedule)		
at a	Bus service, charging parents \$per Bus service, charging District of Residence \$per Bus service, charging State of Montana \$per ye	(attach payment schedule)	numentation of costs)	
≟	Mileage reimbursement to the parent/guardian under a TR-4 I	ndividual Transportation Contract (over 3	miles from school or bus stop)	
X a	District of Residence:			
★ District of Residence: District of Re				
e	Dura consider abouting parent 6	attack		
Check all that apply	Bus service, charging parent \$ per (Mileage reimbursement to the parent/guardian under a TR-4 I	attach payment schedule)	miles from school or bus stop)	

SECTION IV: TUITION COSTS - TO BE COMPLETED	BY DISTRICT OF CH	OICE/PLACEMENT		
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition	3.1.4.12.p.(10)			
Parent/Guardian Request:	Tuition Waived	10 Table 10		
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	\$		S(Parent/Guardian)	
☐ Mandatory - Elementary student to attend where high school age sibling(s) attends.	Tuition Waived		S(Parent/Guardian)	
☐ Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	☐ Tuition Waived ☐ \$	\$	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	 \$	S	\$(State of Montana)	
District-to-District Placement: □ Discretionary	☐ Tuition Waived	- \$	\$(District of Residence)	
SECTION V: AGREEMENTS AND SIGNATURES A signature below acknowledges receipt of the student attendance agreement form. If transportation is provided and tuition is not waived; tuition will be charged to the parent/guardian; district of residence or state of Montana as indicated in Sections III and IV above. A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: Signature of Chairperson, District of Choice/Placement: Date: April 29, 2016				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:				
Print Name of OPI Representative:				
Signature of OPI Representative: Date:				
SEGTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place	• •		
Date Agreement Received (Resident District)	Date Agreement Appro Acknowledged Receipt			



SECTION I: TO BE COMPLETED BY PARENT/GUARDIA	IN OR OFFICIAL OF STATE ACENCY/COURT			
I request that the following student be allowed to attend a school district ou				
Student Name (last, first, middle initial) Brauhn Hughson,				
Grade (for year of attendance)	Birth Date Mo 05 Day 03 Year 2011			
Student Address C	City/State/Zip Code			
244 Labreches Rd	Browning, MT 59417			
	City/State/Zip Code			
same				
Name of Parent/Guardian or Group Home Representative -OR- Name and Responsible for Placement (print)				
Morgan Hughson	(406) 229-0693			
	te agency/court request OR completed by group home manager on behalf of			
Parent Request This agreement will be returned to the parent/guardian after acceptance by the parent/guardian for attendance. If the student attends under this agree parent/guardian under the terms of this agreement.	y the district of choice and will specify the costs, if any, which will be charged to ement, the parent/guardian agrees to pay the costs, if any, charged to the			
Signature of Parent/Guardian:	Date: 08 · 15 · 2016			
State Agency/Court Request OR Group Home Representative				
Signature of Official of State Agency/Court/Group Home:	Date:			
SECTION II: TO BE COMPLETED BY DISTRICT OF CHO	DICE/PLACEMENT			
SECTION II: TO BE COMPLETED BY DISTRICT OF CHO	DICE/PLACEMENT District Last Attended			
Student State ID	· · · · · · · · · · · · · · · · · · ·			
Student State ID 326373459 District of Choice/Placement District 15 Individual Making Request	District Last Attended District of Residence			
Student State ID 326373459 District of Choice/Placement District 15 Individual Making Request Parent/Guardian	District Last Attended District of Residence District 9 Student Placement Group Home Placement			
Student State ID 326373459 District of Choice/Placement District 15 Individual Making Request	District Last Attended District of Residence District 9 Student Placement			
Student State ID 326373459 District of Choice/Placement District 15 Individual Making Request Parent/Guardian Court	District Last Attended District of Residence District 9 Student Placement Group Home Placement Foster Home Placement '			
Student State ID 326373459 District of Choice/Placement District 15 Individual Making Request Parent/Guardian Court State Agency First Date of Attendance	District Last Attended District Of Residence District 9 Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days D BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT			
Student State ID District of Choice/Placement District 15 Individual Making Request Parent/Guardian Court State Agency First Date of Attendance SECTION III: TRANSPORTATION — TO BE COMPLETED OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian will District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$ per (a) Bus service, charging District of Residence \$ per (a)	District Last Attended District Of Residence District 9 Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days DBY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT Attach payment schedule)			

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT				
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount payee in parenthesis)	
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request:	Tuition Waived			
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	\$		\$ (Parent/Guardian)	
☐ Mandatory - Elementary student to attend where high school age sibling(s) attends.	Tuition Waived		S(Parent/Guardian)	
☐ Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	☐ Tuition Waived ☐ \$	S	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in <u>District of</u> Residence.	Tuition Waived	\$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	\$	\$(State of Montana)	
District-to-District Placement: □ Discretionary	Tuition Waived	\$	\$(District of Residence)	
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Choice/Placement: Lan Leski ton Date: 8-24-16				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:		Date:		
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement				
Print Name of OPI Representative:				
Signature of OPI Representative: Date:				
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement App (District of Choice/Pla	roved/Disapproved		
Date Agreement Received (Resident District)	Date Agreement App Acknowledged Recei	roved/Disapproved/ pt of (Resident District)		



School Year 20<u>16</u> - 20<u>17</u>

SECTION I: TO BE COMPLETED BY PARENT/GU	ARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT
I request that the following student be allowed to attend a school d	
Student Name (last, first, middle initial) Elwood, Sam	
Grade (for year of attendance)	Birth Date Mo 8 Day 1 Year 1998
Student Address	City/State/Zip Code
#16 Dr. King Rd	Browning, MT 59417
Parent/Guardian Address (if different)	City/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Na Responsible for Placement (print)	ame and Title of Official of State Agency/Court Telephone Number
Tina/Howard Lee	(406) 752-2112
Representing (name and address of state agency/court/group hom parent/guardian)	ne, if state agency/court request OR completed by group home manager on behalf of
Parent Request This agreement will be returned to the parent/guardian after accept he parent/guardian for attendance. If the student attends under the parent/guardian under the terms of this agreement.	otance by the district of choice and will specify the costs, if any, which will be charged to his agreement, the parent/guardian agrees to pay the costs, if any, charged to the
Signature of Parent/Guardian:	Date: 5-10-1U
State Agency/Court Request OR Group Home Representative	
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT O	F CHOICE/PLACEMENT
Student State ID 790971933	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request	Student Placement
☐ Parent/Guardian ☐ Court	Group Home Placement Foster Home Placement
State Agency	District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178
SECTION III: TRANSPORTATION - TO BE COMP OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guar	LETED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT
District of Choice/Placement:	
Bus service, at NO COST Bus service, charging parents \$ per Bus service, charging District of Residence \$ Bus service, charging State of Montana \$	(attach payment schedule)per(attach payment schedule) _per year (over-schedule costs only attach documentation of costs) TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)
District of Residence: Bus service, at NO COST Bus service, charging parent \$ per	(attach payment schedule)(attach payment schedule)

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT				
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request:	☑ Tuition Waived			
 Discretionary - Parent/Guardian requests to enroll student outside district of residence. 	\$		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	S	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	☐ Tuition Waived ☐ \$	□ \$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	S	s	\$ (State of Montana)	
District-to-District Placement: □ Discretionary	Tuition Waived	- \$	\$(District of Residence)	
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Dean Berkrain				
April 20, 2016				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence: C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement				
Print Name of OPI Representative:				
Signature of OPI Representative:		Date:		
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appl (District of Choice/Pla			
Date Agreement Received (Resident District)	Date Agreement Appr Acknowledged Recei	roved/Disapproved/ pt of (Resident District)		





School Year 20 2021 (Elementary and High School)

Instructions: (use separate form for each student)

Parent/Guardian or Official of Placing State Agency/Court or District: Complete Part I and submit to clerk of District of Choice/Placement. Use one form for each student. You should receive a copy of the form back, indicating approval or denial.

<u>District of Choice/Placement:</u> Trustees may act on this application when submitted by a parent/guardian or placing state agency or court official. However, the district may not count the student as an "eligible transportee" for state and county transportation reimbursement without the signature of the resident district on this application. If approved: send copies of the approved form to: 1) parent/guardian or official of the state agency/court; 2) clerk of the District of Residence; and 3) the Superintendent of Public Instruction, if the state will pay tuition and/or transportation costs. If not approved: send copies to parent/guardian or official of placing state agency/court.

<u>District of Residence:</u> Approval in Section IV is necessary to allow District of Choice/Placement to transport the non-resident student as an "eligible transportee" for purposes of state/county transportation reimbursement <u>OR</u> if District of Residence is responsible for paying tuition. If approved, send copies to: 1) parent/guardian or official of placing agency/court; 2) clerk of District of Choice/Placement; and 3) county superintendents of each county. If not approved, send copies to parent/guardian and District of Choice/Placement.

IATED	Superintendent of Public Instruction: OPI approval is required if the state will pay tuition or transportation. OPI must receive and approve this form NO				
LATER than June 30 in the year following attendance.					
SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT. I request that the following student be allowed to attend in a school district outside the student's District of Residence.					
Student	Name (Last, First, M.I.)	Grade (for year of attendance)			
State II	212614318	Birth Date (18 year olds are residents) Mo Day Year Year If Kinder (circle one) K Half or K			
	Address 4841 Wippert Drive	City/State/Zip Code Mt 59417			
	of Residence (Where parent residessee 1-1-215, MCA)	What school district should be contacted for student records?			
	of Choice/Placement	Date Attendance will Begin: Scheduled Number of Pupil Instruction Days:			
الما	ual Making Request: arent/Guardian	Student Placement:			
	ourt ate Agency	Foster Home Placement Group Home Placement District to District			
	of Rarent/Guardian - OR- Name and Title of Official of State Age	(4011)845-2438			
	enting (Name and Address of State Agency/Court, if State Agency/Court, if State Agency/Court, if State Agency	ncy/Court request)			
This ag parent under	greement will be returned to the parent/guardian after approval/or guardian for attendance. If the student attends under this agreement the terms of this agreement ure of Parent/Guardian	disapproval and will specify the costs, if any, which will be charged to the ement, the parent/guardian agrees to pay the costs, if any, charged to him or her			
1	Agency/Court Request ure of Official of State Agency/Court:	Date:			
SECT	ION III TRANSPORTATION TO BE COMPLETED BY	Y DISTRICTS OF CHOICE/PLACEMENT AND RESIDENCE			
Parties amour provid attend	s must specify here the responsibilities and costs for transportat It reimbursed to the district by the state and county (i.e., may che ad only for the distance from the home to the <u>closest</u> school or to.	tion. Districts can charge for transporting nonresident students if costs exceed the narge "over-schedule" costs). For parent requests, mileage reimbursements can be bus stop, less 3 miles each direction, regardless of which school district the student			
□ No	D TRANSPORTATION will be provided. Parent/guardian	n will transport at own expense. (GO TO SECTION III.)			
	of Residence is required in Section IV. Without approval, the	ortee" for purposes of state and county reimbursement, the approval of the District District of Choice/Placement may not transport the student at state/county			
ply	expense. M Bus service, at NO COST				
t apply	Bus service, at NO COST Bus service, charging parents \$ per	(attach payment schedule)			
	Bus service, at NO COST Bus service, charging parents \$ per Bus service, charging District of Residence \$ Bus service, charging State of Montana \$ per Mileage reimbursement to the parent/guardian under a TR school or bus stop)	per(attach payment schedule) er year (over-schedule costs only attach documentation of costs)			
Check all that apply	Bus service, at NO COST Bus service, charging parents \$ per Bus service, charging District of Residence \$ Bus service, charging State of Montana \$ per Mileage reimbursement to the parent/guardian under a TR school or bus stop) District of Residence will provide transportation: Bus service, at NO COST	per(attach payment schedule) er year (over-schedule costs only attach documentation of costs) R-4 Individual Transportation Contract (over 3 miles from			
	Bus service, at NO COST Bus service, charging parents \$ per Bus service, charging District of Residence \$ Bus service, charging State of Montana \$ per Mileage reimbursement to the parent/guardian under a TF school or bus stop) District of Residence will provide transportation:	per(attach payment schedule) er year (over-schedule costs only attach documentation of costs) R-4 Individual Transportation Contract (over 3 miles from			

SECTION III: TUITION COSTS - TO BE COMPLETED BY					
"Mandatory" means the attendance meets criteria in Section 20-5-321, MCA. Both districts must accept the attendance request if any of the following is true: (a) Student lives closer to school the student wishes to attend, and more than 3 miles from own school, and the resident school does not provide bus transportation or mileage reimbursements; (b) The County Transportation Committee has determined that geographic barriers make it impractical for student to attend his own school; (c) Another child of the student's family must attend high school in a different elementary district, and the student can more conveniently attend the elementary district where the high school is located, AND the elementary student lives more than 3 miles from his own school; (d) Student is placed by court in youth care facility (abused, neglected, dependent, or youth in need of supervision); or (e) Student is placed in foster care or a group home by parent, state or court. "Discretionary" (20-5-320, MCA) means conditions do not require mandatory acceptance. Trustees of either district may disapprove the application.					
NOTE: Tuition for students in special education or students without disabilities who	are placed in group homes or re	sidential treatment facilities m			
education rate and an additional special rate. In that case, the tuition amount is the Tuition is waived. No tuition will be charged. (GO TO SECTION IV)	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Note: Prorate final charges based on days enrolled)		
Check One and Indicate the Annual Amount of Tuition Parent/Guardian Request:			(Parent/Guardian)		
☐ Discretionary - Parent/Guardian requests to enroll student outside district of residence.			\$ 0.00		
☐ Mandatory - Elementary student to attend where high school age sibling(s) attends.			(Parent/Guardian)		
☐ Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence provides no			(District of Residence) \$ 0.00		
bus service or mileage reimbursements. ☐ Mandatory - Geographic barrier prohibits attendance in District of			(District of Residence)		
Residence. District of Residence will be charged.			\$ 0.00		
State/Court Placement: (includes Parental & State/Court Foster and Group Home Placements			(State of Montana)		
☐ Mandatory - The State of Montana will be charged. (See 20-5-323, MCA for allowable tuition charges.) Mail completed form to: Montana Office of Public Instruction PO Box 202501			\$ 0.00		
Helena MT 59620-2501 District-to-District Placement:			(District of Residence)		
(initiated by District of Residence)			\$ 0.00		
☐ Discretionary - District of Residence will be charged.	<u> </u>		φ σ.σσ		
SECTION IV: AGREEMENTS AND SIGNATURES	(4) (4) (4) (4) (4) (4) (4)		Market Market Strategy		
A. DISTRICT OF CHOICE/PLACEMENT – This signature is red The Board of Trustees: ☐ DISAPPROVES X APPROVES this application subject to	receipt of transportation/tuition				
Brint Name of Chairnerson, Board of Trustees: Dean Bark Kaw					
Signature of Chairperson, District of Choice/Placement:					
B. DISTRICT OF RESIDENCE – This signature or acknowledgement is required for both discretionary and mandatory agreements DISCRETIONARY: The Board of Trustees: DOES NOT PERMIT PERMITS the District of Choice/Placement to claim this student as an "ELIGIBLE TRANSPORTEE" for purposes of state and county transportation reimbursement. DISAPPROVES APPROVES this application allowing the student to enroll outside the District of Residence (choose one below)					
☐ District agrees to pay the costs of over-schedule transportation costs stated in Section II and tuition stated in Section III; OR ☐ District has no obligation to pay tuition as stated in Section III above MANDATORY:					
The Board of Trustees: ACKNOWLEDGES this application, allowing the student to enroll outside the District of Residence, and agrees to pay tuition stated in Section III (if applicable – MCA 20-5-324 (5)(a)) and over-schedule transportation costs stated in Section II, if any.					
Print Name of Chairperson, Board of Trustees					
Signature of Chairperson, District of Residence:					
C. SUPERINTENDENT OF PUBLIC INSTRUCTION - This signature is required if the State of Montana will be charged for any costs of tuition or transportation. MANDATORY ONLY: The Superintendent of Public Instruction: ACKNOWLEDGES this application and agrees to pay tuition stated in Section III, if any, and any over-schedule transportation costs stated in Section II, if any, subject to the state laws and administrative rules, on behalf of the State of Montana. Print Name of OPI Representative:					
Signature of OPI Representative:		Date:			
Payment Dates:					
Unif by 12/21 and bolf by 6/15 of year for	Mouring attandance year				

If PAID BY: District Parent/guardian State

Half by 12/31 and half by 6/15 of year following attendance year During year of attendance, based on payment schedule provided by district policy During year following year of attendance (once claim is submitted in MAEFAIRS)



SECTION I: TO BE COMPLETED BY PARENT/GUARDIA	AN -OP- OFFICIAL OF STATE ACENCY/COURT
I request that the following student be allowed to attend a school district or	utside the student's District of Residence
Student Name (last, first, middle initial) Hannon, Jacelynr	
Grade (for year of attendance) 7	Birth Date Mo 1 Day 8 Year 2004
Student Address	City/State/Zip Code
2 Art Perrine Road	Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Name and Responsible for Placement (print)	
Nikki/Wes Hannon	(406) 370-6494
Representing (name and address of state agency/court/group home, if state parent/guardian)	ate agency/court request OR completed by group home manager on behalf of
Parent Request This agreement will be returned to the parent/guardian after acceptance be the parent/guardian for attendance. If the student attends under this agree parent/guardian under the terms of this agreement.	by the district of choice and will specify the costs, if any, which will be charged to ement, the parent/guardian agrees to pay the costs, if any, charged to the
Signature of Parent/Guardian:	
State Agency/Court Request OR Group Home Representative	
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF CHO	
Student State ID	District Last Attended
342736642	15
District of Choice/Placement 15	District of Residence 9
Individual Making Request	Student Placement
☑ Parent/Guardian Court	Group Home Placement Foster Home Placement
State Agency	District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178
OF RESIDENCE	D BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT
NO TRANSPORTATION will be provided. Parent/guardian will	ill transport at own expense. (GO TO SECTION IV)
Bus service, charging District of Residence \$per Bus service, charging State of Montana \$per_yea	attach payment schedule)(attach payment schedule) ır (over-schedule costs only attach documentation of costs) dividual Transportation Contract (over 3 miles from school or bus stop)
To District of Residence: District of Residence: Bus service, at NO COST Bus service, charging parent \$ per (at District of Residence: District of Re	ttach payment schedule) dividual Transportation Contract (over 3 miles from school or bus stop)

SECTION IV: TUITION COSTS - TO BE COMPLETED	BY DISTRICT OF CH	DICE/PLACEMENT			
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)		
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition					
Parent/Guardian Request:	✓ Tuition Waived				
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	<u> </u>		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	S	\$(District of Residence)		
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)		
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	\$	\$(State of Montana)		
District-to-District Placement:					
□ Discretionary	Tuition Waived	\$	\$(District of Residence)		
The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees:	craft 0				
Signature of Chairperson, District of Choice/Placement:	kan Serkan	_{Date:} April	29, 2016		
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)					
Signature of Chairperson, District of Residence: C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required	Signature of Chairperson, District of Residence: Date: C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement)				
The Superintendent of Public Instruction: ☐ ACKNOWLEDGES receipt of this attendance agreement					
Print Name of OPI Representative:					
Signature of OPI Representative:		Date:			
SECTION VI: TIMELINES					
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appr (District of Choice/Plan	oved/Disapproved			
Date Agreement Received (Resident District)	Date Agreement Appr Acknowledged Receip	oved/Disapproved/ ot of (Resident District)			





SEC	TION I: TO BE COMPLETED BY PARENT/GUARDIAN	I -OR- OFFICIAL OF STATE AGENCY/COURT			
_I requ	est that the following student be allowed to attend a school district outs	ide the student's District of Residence.			
Stude	nt Name (last, first, middle initial) Hannon, Trysten				
Grade	(for year of attendance) 4	Birth Date			
Ctude	·	Mo 1 Day 17 Year 2007			
	Art Perrine Road	y/State/Zip Code Cut Bank, MT 59427			
		y/State/Zip Code			
	of Parent/Guardian or Group Home Representative -OR- Name and Tunsible for Placement (print)	itle of Official of State Agency/Court Telephone Number			
1 '	ikki/Wes Hannon	(406) 370-6494			
Repre		agency/court request OR completed by group home manager on behalf of			
					
This a		he district of choice and will specify the costs, if any, which will be charged to nent, the parent/guardian agrees to pay the costs, if any, charged to the			
Signa	ture of Parent/Guardian:	Date: 5-/3-10			
	Agency/Court Request OR Group Home Representative				
Signa	ture of Official of State Agency/Court/Group Home:	Date:			
		OF IN A OF MENT			
	TION II: TO BE COMPLETED BY DISTRICT OF CHOINT State ID CORPORTION	District Last Attended			
Oldde	205760593	15			
Distric	ct of Choice/Placement 15	District of Residence 9			
i	dual Making Request	Student Placement			
	Parent/Guardian Court	Group Home Placement Foster Home Placement '			
===	State Agency	District to District Placement			
First	Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178			
OF	TION III: TRANSPORTATION – TO BE COMPLETED RESIDENCE TO TRANSPORTATION will be provided. Parent/guardian will	BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT transport at own expense. (GO TO SECTION IV)			
	District of Choice/Placement:				
\ <u>\rightarrow</u>	Bus service, at NO COST				
apr	Bus service, charging parents \$ per(attach payment schedule) Bus service, charging District of Residence \$ per(attach payment schedule)				
Check all that apply	Bus service, charging State of Montana \$ per year of Mileage reimbursement to the parent/guardian under a TR-4 Individual Control of the parent/guardian under a TR-4 Indiv	(over-schedule costs only attach documentation of costs)			
x a	District of Residence:				
Jec	☐ Bus service, at NO COST	all are an extracted to the			
Ö	Bus service, charging parent \$ per (attated) Mileage reimbursement to the parent/guardian under a TR-4 Indi	ion payment schedule) vidual Transportation Contract (over 3 miles from school or bus stop)			

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT				
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the Annual Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request:	✓ Tuition Waived			
 Discretionary - Parent/Guardian requests to enroll student outside district of residence. 	<u> </u>		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	\$	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	\$	\$ (State of Montana)	
District-to-District Placement: □ Discretionary	Tuition Waived	\$	\$(District of Residence)	
A. DISTRICT OF CHOICE/PLACEMENT - This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Choice/Placement:				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:		Date:		
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ☐ ACKNOWLEDGES receipt of this attendance agreement				
Print Name of OPI Representative:				
Signature of OPI Representative: Date:				
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appr (District of Choice/Plan			
Date Agreement Received (Resident District)	Date Agreement Appr Acknowledged Receip	oved/Disapproved/ ot of (Resident District)		





School Year 20<u>16</u> - 20<u>17</u>

SECTION I. TO BE COMPLETED BY DADENTICHA	ADDIAN OR OFFICIAL OF STATE ACENCY/COURT
I request that the following student be allowed to attend a school dis	ARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT strict outside the student's District of Residence.
Student Name (last, first, middle initial) Little Dog-Leo	
Grade (for year of attendance) 2	Birth Date Mo 1 Day 5 Year 2009
Student Address	City/State/Zip Code
7 West Blackfoot Road	Browning, MT 59417
Parent/Guardian Address (if different)	City/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Na Responsible for Placement (print)	
Shanna Little Dog-Leon/Lionel Leor	1 (406) 450-2152
Representing (name and address of state agency/court/group hom parent/guardian)	e, if state agency/court request OR completed by group home manager on behalf of
	tance by the district of choice and will specify the costs, if any, which will be charged to his agreement, the parent/guardian agrees to pay the costs, if any, charged to the
Signature of Parent/Guardian	X J 701/10
State Agency/Court Request OR Group Home Representative	,
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT O	
228611104	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request	Student Placement
☐ Parent/Guardian Court	Group Home Placement Foster Home Placement '
State Agency	District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178
。【10.2分类型的10.0分型的对象的类似,如果这种4个的,这种形式,可以可以使用的10.2分类的,并是一种10.0分类的,从2.4分类的,可以10.0分类的	PLETED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT
	Total will transport at own expense. (OO TO SECTION 19)
District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$ per Bus service, charging State of Montana \$ Mileage reimbursement to the parent/guardian under a District of Residence: Bus service, at NO COST Bus service, charging parent \$ per	(attach payment schedule)per(attach payment schedule)per year (over-schedule costs only attach documentation of costs) a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)
District of Residence: Bus service, at NO COST Bus service, charging parent \$ per Mileage reimbursement to the parent/guardian under a	(attach payment schedule) a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT				
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the Annual Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request:	Tuition Waived			
 Discretionary - Parent/Guardian requests to enroll student outside district of residence. 	\$	Strategies (Mariana)	\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	S	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	□ \$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	S	\$	\$(State of Montana)	
District-to-District Placement: □ Discretionary	Tuition Waived	\$	\$(District of Residence)	
A signature below acknowledges receipt of the student attendance agreement form. If transportation is provided and tuition is not waived, thition will be charged to the parent/guardian, district of residence or state of Montana as indicated in Sections III and IV above. A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: Dean Berkran Signature of Chairperson, District of Choice/Placement: Date: April 29, 2016				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition) Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:				
Signature of OPI Representative: Date:				
SECTION VI:: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place	oved/Disapproved		
Date Agreement Received	Date Agreement Appro	oved/Disapproved/ t of (Resident District)		





STUDENT ATTENDANCE AGREEMENT School Year 20 16 - 20 17

SECTION I: TO BE COMPLETED BY PARENT/GUARDIA	N -OR- OFFICIAL OF STATE AGENCY/COURT
I request that the following student be allowed to attend a school district ou	
Student Name (last, first, middle initial)	
LODGZ to Jroh	Digit Date
Grade (fbr year of attendarice)	Birth Date Mo 5 Day 23 Year 2010
and the second s	City/State/Zip Code
Parent/Guardian Address (if different)	ESYDAM 59411
Name of Parent/Guardian or Group Home Representative -OR- Name and Responsible for Placement (print)	d Title of Official of State Agency/Court Telephone Number
Georgia hatt	4010-229.0709
Representing (náme and address of state agency/court/group home, if state parent/guardian)	ate agency/court request OR completed by group home manager on behalf of
Parent Request This agreement will be returned to the parent/guardian after acceptance the parent/guardian for attendance. If the student attends under this agre parent/guardian under the terms of this agreement.	by the district of choice and will specify the costs, if any, which will be charged to ement, the parent/guardian agrees to pay the costs, if any, charged to the
Signature of Parent/Guardian:	Date: 8.19.110
State Agency/Court Request OR Group Home Representative	
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF CH	OICE/PLACEMENT
Student State ID 297371646	District Last Attended
District of Choice/Placement	District of Residence
Individual Making Request	Student Placement
1 <u> </u>	
FAITHVOURIUMII	Group Home Placement
Court	Group Home Placement Foster Home Placement District to District Placement
The state of the s	Foster Home Placement '
Court State Agency First Date of Attendance SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE	Foster Home Placement District to District Placement Annual Pupil Instruction Days ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT
Court State Agency First Date of Attendance SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian v District of Choice/Placement:	Foster Home Placement District to District Placement Annual Pupil Instruction Days ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT
Court State Agency First Date of Attendance SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian v District of Choice/Placement:	Foster Home Placement District to District Placement Annual Pupil Instruction Days ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT will transport at own expense. (GO TO SECTION IV) (attach payment schedule)
Court State Agency First Date of Attendance SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian v District of Choice/Placement:	Foster Home Placement District to District Placement Annual Pupil Instruction Days ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT will transport at own expense. (GO TO SECTION IV) (attach payment schedule) (attach payment schedule)
Court State Agency First Date of Attendance SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian v District of Choice/Placement:	Foster Home Placement District to District Placement Annual Pupil Instruction Days ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT will transport at own expense. (GO TO SECTION IV) (attach payment schedule)
Court State Agency First Date of Attendance SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian v District of Choice/Placement:	Foster Home Placement District to District Placement Annual Pupil Instruction Days ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT will transport at own expense. (GO TO SECTION IV) (attach payment schedule)
Court State Agency First Date of Attendance SECTION III: TRANSPORTATION — TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian v District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$ per Bus service, charging District of Residence \$ per_ye Mileage reimbursement to the parent/guardian under a TR-4 to the parent/gu	Foster Home Placement District to District Placement Annual Pupil Instruction Days ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT will transport at own expense. (GO TO SECTION IV) (attach payment schedule)

SECTION IV TUITION COSTS TO BE COMPLETED	BY DISTRICT OF CHO	DICE/PLACEMENT		
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request:	Tuition Waived			
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	S		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	☐ Tuition Waived	□ \$	\$ (District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	□ s	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	s	\$	S_ (State of Montana)	
District-to-District Placement:	☐ Tuition Waived	, s	\$(District of Residence)	
Asignature below acknowledges receipt of the student attendance agreement from a literal sportation is provided and trution as not waived thirtion will be charged to a the pareny guardian distriction from a literal sportation is provided and trution as not waived thirtion will be charged to a the pareny guardian distriction from a literal sportation is provided and trution as not waived thirtion will be charged to a the pareny guardian distriction from a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived thirtion will be charged to a literal sportation is provided and trution as not waived the literal sportation is provided and trution as not waived the literal sportation is provided and trution as not waived the literal sportation is provided and trution as not waived the literal sportation is provided and trution as not waived the lateral sportation is provided and trution as not waived the lat				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition) Print Name of Chairperson, Board of Trustees:				
		Date:		
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement				
Print Name of OPI Representative: Signature of OPI Representative:				
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place			
Date Agreement Received (Resident District)	Date Agreement Appro			



School Year 20₁₆ _ - 20₁₇

SECTION I: TO BE COMPLETED BY PARENT/GUARDIA	N -OR- OFFICIAL OF STATE AGENCY/COURT
I request that the following student be allowed to attend a school district ou	
Student Name (last, first, middle initial) McGillis, Stephon	D.
Grade (for year of attendance)	Birth Date Mo 10 Day 1 Year 2001
Student Address C	ity/State/Zip Code
	Browning, MT 59417
Parent/Guardian Address (if different) C	Sity/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Name and Responsible for Placement (print)	
Amber Freedenburg	(406) 845-2438
Representing (name and address of state agency/court/group home, if state parent/guardian)	e agency/court request OR completed by group home manager on behalf of
Parent Request This agreement will be returned to the parent/guardian after acceptance by the parent/guardian for attendance. If the student attends under this agree parent/guardian under the terms of this agreement. Signature of Parent/Guardian: State Agency/Court Request OR Group Home Representative	the district of choice and will specify the costs, if any, which will be charged to ment, the parent/guardian agrees to pay the costs, if any, charged to the
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF CHO	
Student State ID 938919996	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request	Student Placement
Parent/Guardian Court	Group Home Placement Foster Home Placement '
State Agency	District to District Placement
First Date of Attendance	Annual Pupil Instruction Days
SECTION III: TRANSPORTATION – TO BE COMPLETED OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian will	BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT
	r transport at own expense. (GO TO SECTION IV)
Bus service, charging District of Residence \$ per Bus service, charging State of Montana \$ per year	ttach payment schedule)(attach payment schedule)(over-schedule costs only attach documentation of costs) lividual Transportation Contract (over 3 miles from school or bus stop)
District of Residence: Bus service, at NO COST Bus service, charging parent \$ per (at Mileage reimbursement to the parent/guardian under a TR-4 Inc	tach payment schedule) iividual Transportation Contract (over 3 miles from school or bus stop)

g sp

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT				
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request:	Tuition Waived	e e e e	,	
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	\$		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	\$	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived \$	\$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	s	\$(State of Montana)	
District-to-District Placement:	☐ Tuition Waived			
☐ Discretionary	\$	\$	\$(District of Residence)	
the parent/guardian, district of residence or state of Montana as indicated in Sections III and IV above. A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Choice/Placement: Date: 9-13-16				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:		Date:		
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement				
Print Name of OPI Representative:				
Signature of OPI Representative:		Date:		
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appr (District of Choice/Pla	oved/Disapproved		
Date Agreement Received (Resident District)	Date Agreement Appr	roved/Disapproved/		



School Year 20<u>16</u> - 20<u>17</u>

	ON I: TO BE COMPLETED BY PARENT/GUARDIAN		GENCY/COURT
	that the following student be allowed to attend a school district outs Name (last, first, middle initial)	ide the student's District of Residence.	
Student	Rios, Kaden		
Grade (fo	or year of attendance) KF	Birth Date	
		Mo 2 Day 24	4 _{Year} 2011
Student		y/State/Zip Code	
		Cut Bank, MT 59427	
Parenvo	Guardian Address (if different)	y/State/Zip Code	
	Parent/Guardian or Group Home Representative -OR- Name and	itle of Official of State Agency/Court	Telephone Number
1	sible for Placement (print) Wina Rios		(406) 564-3418
1	nting (name and address of state agency/court/group home, if state	agency/court request OP completed by	group home manager on hehalf of
parent/gi		agency/count request OR completed by	y group nome manager on behall of
the pare	eement will be returned to the parent/guardian after acceptance by nt/guardian for attendance. If the student attends under this agreen		
	uardian under the terms of this agreement.		
1	e of Parent/Guardian: A Classification (150 Kes)	Date:	5-6-606
State Ag	gency/Court Request OR Group Home Representative		
Signatur	e of Official of State Agency/Court/Group Home:		Date:
	<u> Aya</u>		
SECTI	ON II: TO BE COMPLETED BY DISTRICT OF CHOI	CE/PLACEMENT	
Chudoot	Chata ID	I District Add Late	
Student	State ID	District Last Attended	
	State ID of Choice/Placement 15	District Last Attended District of Residence	
District o	of Choice/Placement 15 al Making Request	District of Residence	
District of Individual	of Choice/Placement 15 al Making Request rent/Guardian urt	District of Residence Student Placement Group Home Placement Foster Home Placement	
District of Individual Par Cool	of Choice/Placement 15 al Making Request rent/Guardian	District of Residence Student Placement Group Home Placement	
District of Individual Par Cool	of Choice/Placement 15 al Making Request rent/Guardian urt alte Agency	District of Residence Student Placement Group Home Placement Foster Home Placement ' District to District Placement	
District of Individual Pal County Sta	of Choice/Placement 15 al Making Request rent/Guardian urt tale Agency te of Attendance ON III: TRANSPORTATION – TO BE COMPLETED	District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days	ACEMENT AND DISTRICT
District of Individual Pal County Sta	of Choice/Placement 15 al Making Request rent/Guardian urt tle Agency te of Attendance	District of Residence Student Placement Group Home Placement Foster Home Placement ' District to District Placement Annual Pupil Instruction Days BY DISTRICT OF CHOICE/PLA	환화하는 방어를 된 모든 모이 하는데
District of Individual Pal Cool State First Dat	of Choice/Placement 15 al Making Request rent/Guardian urt tale Agency te of Attendance ON III: TRANSPORTATION – TO BE COMPLETED ESIDENCE	District of Residence Student Placement Group Home Placement Foster Home Placement ' District to District Placement Annual Pupil Instruction Days BY DISTRICT OF CHOICE/PLA	환화하는 방어에 살아가는 그리다. 그
District of Individual Par Sta First Date SECTI OF RE	of Choice/Placement 15 al Making Request rent/Guardian urt the Agency te of Attendance ON III: TRANSPORTATION – TO BE COMPLETED ESIDENCE TRANSPORTATION will be provided. Parent/guardian will District of Choice/Placement: Displacement: Displacement: Displacement: Displacement: Displacement: Displacement: Displacement: Displacement: Displacement:	District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days BY DISTRICT OF CHOICE/PL. transport at own expense. (GO TO	환화하는 방어에 살아가는 그리다.
District of Individual Par Sta First Date SECTI OF RE	of Choice/Placement 15 al Making Request rent/Guardian urt tate Agency te of Attendance ON III: TRANSPORTATION – TO BE COMPLETED ESIDENCE TRANSPORTATION will be provided. Parent/guardian will istrict of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$	District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days BY DISTRICT OF CHOICE/PLA transport at own expense. (GO TO ach payment schedule) (attach payment schedule)	SECTION IV)
District of Individual Par Sta First Date SECTI OF RE	of Choice/Placement 15 al Making Request rent/Guardian unt site Agency te of Attendance ON III: TRANSPORTATION – TO BE COMPLETED ESIDENCE TRANSPORTATION will be provided. Parent/guardian will sistrict of Choice/Placement:	District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days BY DISTRICT OF CHOICE/PLA transport at own expense. (GO TO ach payment schedule) (attach payment schedule) over-schedule costs only — attach docu	SECTION IV)
District of Individual Par Sta First Date SECTI OF RE	of Choice/Placement al Making Request rent/Guardian unt ute Agency te of Attendance ON III: TRANSPORTATION – TO BE COMPLETED SIDENCE TRANSPORTATION will be provided. Parent/guardian will ristrict of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$ per (att Bus service, charging District of Residence \$ per Mileage reimbursement to the parent/guardian under a TR-4 Indivistrict of Residence:	District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days BY DISTRICT OF CHOICE/PLA transport at own expense. (GO TO ach payment schedule) (attach payment schedule) over-schedule costs only — attach docu	SECTION IV)
District of Individual Park State Section No Department of the park of the par	al Making Request rent/Guardian unt ute Agency te of Attendance ON III: TRANSPORTATION – TO BE COMPLETED SIDENCE TRANSPORTATION will be provided. Parent/guardian will instrict of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$ per (att Bus service, charging State of Montana \$ per year Mileage reimbursement to the parent/guardian under a TR-4 Indiv	Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days BY DISTRICT OF CHOICE/PL. transport at own expense. (GO TO ach payment schedule) (attach payment schedule) over-schedule costs only — attach docuridual Transportation Contract (over 3 m	mentation of costs) illes from school or bus stop)

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT				
TYPE OF AGREEMENT		GULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition				1
Parent/Guardian Request:		Tuition Waived		1
Discretionary - Parent/Guardian requests to enroll student outside district of residence.		\$		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.		Tuition Waived	S	\$(District of Residence)
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.		Tuition Waived	□ \$	\$(District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory		\$	\$	\$(State of Montana)
District-to-District Placement: □ Discretionary		Tuition Waived	\$	\$(District of Residence)
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Choice/Placement:				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:			Date:	
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ☐ ACKNOWLEDGES receipt of this attendance agreement				
Print Name of OPI Representative:				
Signature of OPI Representative:			Date:	
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)		Pate Agreement Appro District of Choice/Plac		
Date Agreement Received (Resident District)		Pate Agreement Appro	oved/Disapproved/ t of (Resident District)	-





SEC	TION I: TO BE COMPLETED BY PARENT/GUARD	DIAN -OR- OFFICIAL OF STATE AGENCY/COURT
	est that the following student be allowed to attend a school district nt Name (last, first, middle initial)	
	Running Crane,	Kiaya T.
Grade	(for year of attendance) 2	Birth Date Mo 12 Day 15 Year 2008
Stude	nt Address	City/State/Zip Code
2	3564 Hwy 2 W	Cut Bank, MT 59427
Paren	t/Guardian Address (if different)	City/State/Zip Code
Name	of Parent/Guardian or Group Home Representative -OR- Name a	and Title of Official of State Agency/Court Telephone Number
	onsible for Placement (print) Ithel Connelly	(406) 338-7975
Repre		state agency/court request OR completed by group home manager on behalf of
This a the pa paren	arent/guardian for attendance. If the student attends under this ag	e by the district of choice and will specify the costs, if any, which will be charged to greement, the parent/guardian agrees to pay the costs, if any, charged to the
	ture of Parent/Guardian:	Date: 5-6-16
State	Agency/Court Request OR Group Home Representative	
Signa	ture of Official of State Agency/Court/Group Home:	Date:

	TION II: TO BE COMPLETED BY DISTRICT OF C	
	884235188	District Last Attended 15
Distri	ct of Choice/Placement 15	District of Residence 9
Indivi	dual Making Request	Student Placement
	Parent/Guardian Court State Agency	Group Home Placement Foster Home Placement District to District Placement
	Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178
L		
	TION III: TRANSPORTATION – TO BE COMPLET	FED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT
	IO TRANSPORTATION will be provided. Parent/guardian	will transport at own expense. (GO TO SECTION IV)
Check all that apply	District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$ per Bus service, charging District of Residence \$ per Bus service, charging State of Montana \$ per y Mileage reimbursement to the parent/guardian under a TR-4	(attach payment schedule) er(attach payment schedule) year (over-schedule costs only attach documentation of costs) I Individual Transportation Contract (over 3 miles from school or bus stop)
Check a	District of Residence: Bus service, at NO COST Bus service, charging parent \$ per Mileage reimbursement to the parent/guardian under a TR-4	(attach payment schedule) 4 Individual Transportation Contract (over 3 miles from school or bus stop)

SECTION IV: TUITION COSTS - TO BE COMPLETED	BY DISTRICT OF CH	DICE/PLACEMENT		
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the Annual Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request:	✓ Tuition Waived			
Discretionary - Parent/Guardian requests to enroll student outside district of residence.			\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	S	\$_ (District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	 \$	\$(Stale of Montana)	
District-to-District Placement:	☐ Tuition Waived			
□ Discretionary	Tuition Waived	\$	\$(District of Residence)	
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: Dean Berkran Signature of Chairperson, District of Choice/Placement: Date: April 29, 2016				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:		· · · · · · · · · · · · · · · · · · ·		
Signature of Chairperson, District of Residence:		Date:		
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ☐ ACKNOWLEDGES receipt of this attendance agreement				
Print Name of OPI Representative:				
Signature of OPI Representative:		Date:		
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place			
Date Agreement Received (Resident District) Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)				



School Year 20<u>16</u> - 20<u>17</u>

, 4661	ION I: TO BE COMPLETED BY PARENT/GUARDIA	AN -OR- OFFICIAL OF STATE AGENCY/COURT
1 reques	st that the following student be allowed to attend a school district o	
Student	Name (last, first, middle initial) Salois, Brittany K	
Grade (for year of attendance) 10	Birth Date Mo 8 Day 7 Year 2001
Student	Address	City/State/Zip Code
1 r	mile west US 89 Marble Rd, PO Box	523 Browning MT 59417
Parent/0	Guardian Address (if different)	City/State/Zip Code
	of Parent/Guardian or Group Home Representative -OR- Name an asible for Placement (print)	
Kε	aren Marble	(406) 450-3125
	enting (name and address of state agency/court/group home, if staguardian)	ate agency/court request OR completed by group home manager on behalf of
This ag		by the district of choice and will specify the costs, if any, which will be charged to eement, the parent/guardian agrees to pay the costs, if any, charged to the
Signatu	ure of Parent/Guardian:	Date: 8/29/2016
State A	Agency/Court Request OR Group Home Representative	
Signate	ure of Official of State Agency/Court/Group Home:	Date:
SECT	TION II: TO BE COMPLETED BY DISTRICT OF CH	OICE/PLACEMENT
Studen	nt State ID	District Last Attended 9
District	t of Choice/Placement 15	District of Residence 9
l l	ual Making Request	Student Placement
	Parent/Guardian Court	Group Home Placement Foster Home Placement '
<u></u> s	tate Agency	District to District Placement
First D	ate of Attendance	Annual Pupil Instruction Days
OF R	RESIDENCE O TRANSPORTATION will be provided. Parent/guardian v District of Choice/Placement: ■ Bus service, at NO COST □ Bus service, charging parents \$ per □ Bus service, charging District of Residence \$ per □ Bus service, charging State of Montana \$ per yer	(attach payment schedule)

SECTION IV: TUITION COSTS - TO BE COMPLETED	BY DISTRICT OF CH	OICE/PLACEMENT		
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request: □ Discretionary - Parent/Guardian requests to enroll student outside	✓ Tuition Waived		s	
district of residence.	☐ Tuition Waived		(Parent/Guardian)	
☐ Mandatory - Elementary student to attend where high school age sibling(s) attends.	\$		\$(Parent/Guardian)	
☐ Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	\$	S(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in <u>District of</u> Residence.	Tuition Waived	S	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	\$	\$ (State of Montana)	
District-to-District Placement:	☐ Tuition Waived	\$	\$(District of Residence)	
✓ APPROVES this attendance agreement ☐ DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: Dean Bert	cragn	9 ~	13-16	
B. DISTRICT OF RESIDENCE The Board of Trustees:				
☐ APPROVES this attendance agreement (ONLY if transposed DISAPPROVES this attendance agreement ☐ ACKNOWLEDGES receipt of this attendance agreement charged tuition)	-	-	waived OR parent is	
Print Name of Chairperson, Board of Trustees:	*			
Signature of Chairperson, District of Residence:	**************************************			
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ☐ ACKNOWLEDGES receipt of this attendance agreement				
Print Name of OPI Representative:				
Signature of OPI Representative:				
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement App (District of Choice/PI			
Date Agreement Received (Resident District) Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)				



SECTION I: TO BE COMPLETED BY PARENT/GUARD	IAN -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) Sewell, Trystan	Robert Clyde
Grade (for year of attendance)	Birth Date Mo 8 Day 8 Year 2005
Student Address	City/State/Zip Code
17 South Hoyt Road	Browning, MT 59417
Parent/Guardian Address (if different)	City/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Name a Responsible for Placement (print)	and Title of Official of State Agency/Court Telephone Number
Christina Sims / Bill Sewell	(406) 845-5266
Representing (name and address of state agency/court/group home, if s parent/guardian)	state agency/court request OR completed by group home manager on behalf of
	by the district of choice and will specify the costs, if any, which will be charged to reement, the parent/guardian agrees to pay the costs, if any, charged to the
	Date: 5-28-2016
State Agency/Court Request OR Group Home Representative	
Signature of Official of State Agency/Court/Group Home:	Date:
· ·	
SECTION II: TO BE COMPLETED BY DISTRICT OF CH	
Student State ID 694497332	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request	Student Placement
Parent/Guardian Court	Group Home Placement Foster Home Placement ' District to District Placement
State Agency First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178
OF RESIDENCE	ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT
□ NO TRANSPORTATION will be provided. Parent/guardian	will transport at own expense. (GO TO SECTION IV)
□ □ Rus service charging District of Residence \$ pe	_(attach payment schedule) r(attach payment schedule) rear (over-schedule costs only attach documentation of costs) Individual Transportation Contract (over 3 miles from school or bus stop)
District of Residence: Bus service, at NO COST Bus service, charging parent \$ per Mileage reimbursement to the parent/guardian under a TR-4	(attach payment schedule) Individual Transportation Contract (over 3 miles from school or bus stop)

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT			
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition			
Parent/Guardian Request:			
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	✓ Tuition Waived S		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived \$	- \$	\$(District of Residence)
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived		\$(District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	- \$	\$	\$(State of Montana)
District-to-District Placement:	☐ Tuition Waived	\$	s
Districtionary	□ \$		(District of Residence)
SECTION V: AGREEMENTS AND SIGNATURES A signature below acknowledges receipt of the student attendance agreement form. If transportation is provided and tuition is not waived, tuition will be charged to the parent/guardian, district of residence or state of Montana as indicated in Sections III and IV above.			
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees:			
Signature of Chairperson, District of Choice/Placement:			
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)			
Print Name of Chairperson, Board of Trustees:			
Signature of Chairperson, District of Residence: Date:			
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement			
Print Name of OPI Representative:			
Signature of OPI Representative:		Date:	
SECTION VI: TIMELINES			
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appr (District of Choice/Place	oved/Disapproved	
Date Agreement Received (Resident District)	Date Agreement Appr Acknowledged Receip		



	TION I: TO BE COMPLETED BY PARENT/O	SHARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT
I reque	est that the following student be allowed to attend a scho	ol district outside the student's District of Residence.
Stude	nt Name (last, first, middle initial) Sewell, Will	iam Douglas Christian
Grade	(for year of attendance) 7	Birth Date Mo 8 Day 9 Year 2004
Stude	nt Address	City/State/Zip Code
17	7 South Hoyt Road	Browning, MT 59417
Paren	t/Guardian Address (if different)	City/State/Zip Code
	of Parent/Guardian or Group Home Representative -OR onsible for Placement (print)	- Name and Title of Official of State Agency/Court Telephone Number
_	Christina Sims / Bill Sewell	(406) 845-5266
	senting (name and address of state agency/court/group t/guardian)	home, if state agency/court request OR completed by group home manager on behalf of
This a the pa paren		exceptance by the district of choice and will specify the costs, if any, which will be charged to er this agreement, the parent/guardian agrees to pay the costs, if any, charged to the
		Date: 5-28-2016
State	Agency/Court Request OR Group Home Representat	tive
Signa	ture of Official of State Agency/Court/Group Home:	Date:
	TION II: TO BE COMPLETED BY DISTRICT	District Last Attended
Ciddo	140650108	15
Distric	ct of Choice/Placement 15	District of Residence 9
1	dual Making Request	Student Placement
	Parent/Guardian Court	Group Home Placement Foster Home Placement '
	State Agency	District to District Placement
First Date of Attendance 08/30/2016 Annual Pupil Instruction Days 178		
		Annual Pupil Instruction Days 178
SEC	RESIDENCE	MPLETED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT guardian will transport at own expense. (GO TO SECTION IV)
SEC	District of Choice/Placement: Bus service, at NO COST Bus service, charging parents per District of Residence \$	MPLETED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT guardian will transport at own expense. (GO TO SECTION IV) (attach payment schedule)

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT			
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition		(1.4
Parent/Guardian Request:	✓ Tuition Waived		
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	\$		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	\$	\$(District of Residence)
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	- \$	\$	\$ (State of Montana)
District-to-District Placement: □ Discretionary	Tuition Waived \$	\$	\$ (District of Residence)
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: Dean Berkran Signature of Chairperson, District of Choice/Placement: Date: April 29, 2016			
Signature of Chairperson, District of Choice/Placement:			
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)			
Print Name of Chairperson, Board of Trustees:			
Signature of Chairperson, District of Residence:			
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement			
Print Name of OPI Representative:			
Signature of OPI Representative:		Date:	
SECTION VI: TIMELINES			
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appl (District of Choice/Pla		
Date Agreement Received (Resident District)	Date Agreement Appl Acknowledged Recei	roved/Disapproved/ pt of (Resident District)	



STUDENT ATTENDANCE AGREEMENT School Year 20 16 - 20 17

SECTION I: TO BE COMPLETED BY PARENT/GUARDIA	
I request that the following student be allowed to attend a school district out Student Name (last, first, middle Initial)	side the student's District of Residence.
Small, metoda K Alexander T Grade (for year of attendance)	Birth Date
8	Mo 01 Day 28 Year 2003
	ity/State/Zip Code
POBOXIDA	Brownins, mt 59417
	ity/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Name and Responsible for Placement (print)	Title of Official of State Agency/Court Telephone Number
· · · · · · · · · · · · · · · · · · ·	(406)450 3980
Representing (name and address of state agency/court/group home, if state	e agency/court request OR completed by group home manager on behalf of
Parent/guardian) 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 agree parent/guardian under the terms of this agreement.	ement, the parent/guardian agrees to pay the costs, if any, charged to the
Signature of Parent/Guardian:	Date: 8.26-16
State Agency/Court Request OR Group Home Representative	
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF CHO	DICE/PLACEMENT
Student State ID 159824327	District Last Attended 9
District of Choice/Placement	District of Residence
Individual Making Request	Student Placement
☑ Parent/Guardian	☐ Group Home Placement
Parent/Guardian Court	Foster Home Placement '
☐ State Agency	District to District Placement
First Date of Attendance	Annual Pupil Instruction Days
SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian w	D BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT ill transport at own expense. (GO TO SECTION IV)
District of Cholce/Placement: Bus service, at NO COST Bus service, charging parents \$	
Mileage reimbursement to the parent/guardian under a TR-4 Ir District of Residence: Bus service, at NO COST	attach payment schedule) advidual Transportation Contract (over 3 miles from school or bus stop)

SECTION IV TUITION COSTS TO BE COMPLETED I	BY DISTRICT OF CHO	DICE/PLACEMENT	
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition			
Parent/Guardian Request:	✓ Tuition Waived		
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	s		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	s	\$(District of Residence)
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	S	□ \$	\$_ (State of Montana)
District-to-District Placement:	☐ Tuition Waived ☐ \$	□ \$	\$(District of Residence)
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement This beard of Trustees: Dean Berkran			
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)			
Print Name of Chairperson, Board of Trustees:			
Signature of Chairperson, District of Residence:			
Print Name of OPI Representative:			
Signature of OPI Representative:		Date:	
SECTION VI: TIMELINES		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place	oved/Disapproved cement)	
Date Agreement Received (Resident District)	Date Agreement Appro		



STUDENT ATTIENDANCE AGREEMENT School Year 20 16. 2007.

SECTION INTO BE COMPLETED BY PARENT/GUARDIAN	OR OFFICIAL OF STATE AGENCY/COURT	
I request that the following student be allowed to attend a school district outsid Student Name (last, first, middle initial)	e the student's District of Residence.	
Williams, Emily, M		
Grade (for year of attendance)	Birth Date	
	Mo 3 Day 15 Year 2005	
Student Address City/	State/Zip Code	
1636 US HVV 464 Parent/Guardian Address (if different) City	rowning, MT 59417 State/Zip Code)	
Parent/Guardian Address (if different) City	/State/Zip Code)	
11		
Name of Parent/Guardian or Group Home Representative -OR- Name and Tit Responsible for Placement (print)	le of Official of State Agency/Court Telephone Number	
Ashley 4 Sterling Williams Representing (name and address of state agency/court/group home, if state a	338-3539	
	gency/court request OR completed by group home manager on behalf of	
parent/guardian)		
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: 8-18-16	
State Agency/Court Request OR Group Home Representative		
Signature of Official of State Agency/Court/Group Home:	Date:	
4		
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE	E/PLACEMENT	
Student State ID	District Last Attended	
162627468	· 7	
District of Choice/Placement	District of Residence	
	9	
Individual Making Request	Student Placement	
Parent/Guardian	Group Home Placement	
Court State Agency	Foster Home Placement ' District to District Placement	
First Date of Attendance	Annual Pupil Instruction Days	
	<u> </u>	
SECTION III) TRANSPORTATION — TO BE COMPLETED I	BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT	
□ NO TRANSPORTATION will be provided. Parent/guardian will to		
District of Choice/Placement:		
Bus service, charging parents \$ per (atta	ch payment schedule)	
Bus service, charging District of Residence \$per	(attach payment schedule)	
Bus service, at NO COST Bus service, charging parents \$ per	over-schedule costs only attach documentation of costs) idual Transportation Contract (over 3 miles from school or bus stop)	
一		
⊕ Bus service, at NO COST		
Bus service, charging parent \$ per (attac	ch payment schedule) idual Transportation Contract (over 3 miles from school or bus stop)	
	NOTE LEGISLATION OF CONTROL TOWER A TIMES HUM SERVICE OF BUS SIDED	

SECTION IV TUITION COSTS TO BE COMPLETED	BY DISTRICT OF CHOICE/PLACEMENT	
TYPE OF AGREEMENT	REGULAR ED RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 25 Option C-Line 26 w/o Disabilities-Line 38 SPECIAL RATE TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition		
Parent/Guardian Request:	Tuition Waived	
▼ Discretionary - Parent/Guardian requests to enroll student outside district of residence.	\$\$ (Parent/Guardian)	
☐ Mandatory - Elementary student to attend where high 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 provides no bus service or mileage reimbursements.	Tuition Waived \$ \$	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived \$ \$	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$ \$(State of Montana)	
District-to-District Placement:	Tuition Waived \$ (District of Residence)	
The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees:		
Print Name of Chairperson, Board of Trustees:		
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)		
Print Name of Chairperson, Board of Trustees:		
Signature of Chairperson, District of Residence: Date:		
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement		
Print Name of OPI Representative:		
Signature of OPI Representative:	Date:	
SECTION VI: TIMELINES		
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Approved/Disapproved (District of Choice/Placement)	
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)	



STUDENT ATTIENDANCE AGREEMENT School Year 20/10 - 20/17

CECT		OD OFFICIAL OF STATE ACENOVICOURT
	st that the following student be allowed to attend a school district outsi	FOR OFFICIAL OF STATE AGENCY/COURT de the student's District of Residence.
Student	t Name (last, first, middle initial)	
	for year of attendance)	Birth Date Mo 02 Day 12 Year 2010
Studen	t Address City	/State/Zip Code
163	6 US HW 464 BY Guardian Address (if different) City	Owning, MT 59417 //State/Zip Code
	t [†]	
	of Parent/Guardian or Group Home Representative -OR- Name and Tinsible for Placement (print)	tle of Official of State Agency/Court Telephone Number
S	terling & Ashley Williams	agency/court request OR completed by group home manager on behalf of
	guardian)	agency/court request OR completed by group nome manager on behalf of
This ag	rent/guardian for attendance. If the student attends under this agreem /guardian under the terms of this agreement.	ne district of choice and will specify the costs, if any, which will be charged to ent, the parent/guardian agrees to pay the costs, if any, charged to the
-	ure of Parent/Guardian:	2 Date: 8-18-16
State	Agency/Court Request OR Group Home Representative	
Signat	ure of Official of State Agency/Court/Group Home:	Date:
	TION II: TO BE COMPLETED BY DISTRICT OF CHOIC	
Studer	540173042	District Last Attended
Distric	t of Choice/Placement	District of Residence
Individ	lual Making Request	Student Placement
1 .	Parent/Guardian	☐ Group Home Placement
	Court State Agency	Foster Home Placement ' District to District Placement
	Date of Attendance	Annual Pupil Instruction Days
L	Sec 5. Residence	- annual spiritudeson bayo
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: Bus service, at NO COST Bus service, charging parents \$ per (attered) Bus service, charging District of Residence \$ per per year (Mileage reimbursement to the parent/guardian under a TR-4 Indiv	ach payment schedule)(attach payment schedule) over-schedule costs only attach documentation of costs) idual Transportation Contract (over 3 miles from school or bus stop)
Check a	District of Residence: Bus service, at NO COST Bus service, charging parent \$ per (attail Mileage reimbursement to the parent/guardian under a TR-4 Indiv	ch payment schedule) idual Transportation Contract (over 3 miles from school or bus stop)

SECTION V TUITION COSTS TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT			
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition			
Parent/Guardian Request:	Tuition Waived		
☑Discretionary - Parent/Guardian requests to enroll student outside district of residence.	5 s		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	□ s	\$(District of Residence)
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	<u> </u>	\$ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	\$	\$(State of Montana)
District-to-District Placement: □ Discretionary	Tuition Waived	\$	\$(District of Residence)
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: Signature of Chairperson, District of Choice/Placement: Date: 8 - 26 - 16			
Signature of Chairperson, District of Choice/Placement: Date: 8 - 4 9 10			
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)			
Print Name of Chairperson, Board of Trustees:			
Signature of Chairperson, District of Residence:		Date:	
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement Print Name of OPI Representative:			
Signature of OPI Representative:			
SECTION VI: TIMELINES			7.4
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appr (District of Choice/Pla	oved/Disapproved	erge mont strong eine germanne für gliche generatiet. Gibt
Date Agreement Received (Resident District)	Date Agreement Appr Acknowledged Receip	oved/Disapproved/ ot of (Resident District)	



School Year 20₁₆ - 20₁₇

SECTION I: TO BE COMPLETED BY PARENT/GUARDIA	N-OR- OFFICIAL OF STATE AGENCY/COURT	
I request that the following student be allowed to attend a school district out		
Student Name (last, first, middle initial) Gustafson, Owen		
Grade (for year of attendance)	Birth Date Mo 12 Day 29 Year 1999	
Student Address Ci	ty/State/Zip Code	
	Browning, MT 59417	
Parent/Guardian Address (if different) Ci	ty/State/Zip Code	
Name of Parent/Guardian or Group Home Representative -OR- Name and Title of Official of State Agency/Court Responsible for Placement (print) Telephone Number		
Barr/Colleen Gustafson	(406) 338-5220	
Representing (name and address of state agency/court/group home, if state parent/guardian)	agency/court request OR completed by group home manager on behalf of	
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: 5 = k 16	
State Agency/Court Request OR Group Home Representative		
Signature of Official of State Agency/Court/Group Home:	Date:	
OFOTION II. TO BE COMPLETED BY DISTRICT OF OUR	OF/DI AOFMENT	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHO	District Last Attended	
578145860	15	
District of Choice/Placement 15	District of Residence 9	
Individual Making Request	Student Placement	
☐ Parent/Guardian ☐ Court ☐ State Agency	Group Home Placement Foster Home Placement District to District Placement	
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178	
SECTION III: TRANSPORTATION – TO BE COMPLETED OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian will		
District of Choice/Placement: Bus service, at NO COST Bus service, charging parents per (at	tach payment schedule)	
District of Residence: Bus service, at NO COST Bus service, charging parent \$		

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT				
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount - payee in parenthesis)	
Check One and Indicate the Annual Amount of Regular Ed, Special Rate and Total Tuition		na de la companya de	r i m	
Parent/Guardian Request:	✓ Tuition Waived			
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	□ \$		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	\$	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	- \$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	- \$	\$	\$(State of Montana)	
District-to-District Placement:				
□ Discretionary	Tuition Waived	\$	\$(District of Residence)	
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: Dean Berkrath Signature of Chairperson, District of Choice/Placement: Date: April 29, 2016				
Signature of Chairperson, District of Choice/Placement:	ean sureum	Date: / \P111	20, 2010	
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:		Date:		
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement				
Print Name of OPI Representative:				
Signature of OPI Representative:		Date:		
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place			
Date Agreement Received (Resident District)	Date Agreement Appro			





SEC	TION I: TO BE COMPLETED BY PARENT/GUARD	IAN -OR- OFFICIAL	OF STAT	E AGE	NCY/COURT
	est that the following student be allowed to attend a school district nt Name (last, first, middle initial)		ct of Resider	nce.	
Stude	Brugh, Hayden [)			
Grade	e (for year of attendance) 02	Birth Da Mo 07		_y 15	Year 2009
Stude	nt Address	City/State/Zip Code	Day	y 10	rear 2000
9:	290 Hwy 89 South, Box 2053	Cut Bank, MT	59427	,	
Paren	t/Guardian Address (if different)	City/State/Zip Code			
Name	of Parent/Guardian or Group Home Representative -OR- Name a	nd Title of Official of State	Agency/Cou	rt	Telephone Number
1 <u>`</u>	Responsible for Placement (print) Erica Edwards / Frank Daniels, Sr. (406) 470-2003			(406) 470-2003	
	esenting (name and address of state agency/court/group home, if s	tate agency/court request	OR complete	ed by gr	oup home manager on behalf of
paren	t/guardian)				
This a	nt Request agreement will be returned to the parent/guardian after acceptance arent/guardian for attendance. If the student attends under this agreement.				
Signa	sture of Parent/Guardian: Frank Oar	e e e	ח	ate. (0-2-11
State	Agency/Court Request OR Group Home Representative				
Signa	ature of Official of State Agency/Court/Group Home:				Date:
	1.45				
	TION II: TO BE COMPLETED BY DISTRICT OF CH				
	ETION II: TO BE COMPLETED BY DISTRICT OF CHE ent State ID 814170688	HOICE/PLACEMENT District Last Attende	^d 15		
Stude	ent State ID		15		
Stude Distri-	ct of Choice/Placement 15	District Last Attende	15		
Stude Distriction	ct of Choice/Placement 15 dual Making Request Parent/Guardian	District Last Attender District of Residence Student Placement	15 9		
Distri	ct of Choice/Placement 15	District Last Attender District of Residence Student Placement	15 9	nt	
District Indivi	ct of Choice/Placement 15 dual Making Request Parent/Guardian Court	District Last Attende District of Residence Student Placement Group Home F Foster Home F	9 Placement Placement rict Placement		
District Indivi	ct of Choice/Placement 15 dual Making Request Parent/Guardian Court State Agency Date of Attendance 08/30/2016	District Last Attende District of Residence Student Placement Group Home F Foster Home F District to District Annual Pupil Instruct	9 Placement Placement rict Placement	178	EMENT AND DISTRICT
Stude District Indivi First SEC	ent State ID 814170688 ct of Choice/Placement 15 dual Making Request Parent/Guardian Court State Agency Date of Attendance 08/30/2016 CTION III: TRANSPORTATION – TO BE COMPLETERESIDENCE	District Last Attender District of Residence Student Placement Group Home F Foster Home F District to District to District Annual Pupil Instruct	9 Placement Placement rict Placement stion Days	178 /PLAC	
Stude District Indivi First SEC	ent State ID 814170688 ct of Choice/Placement 15 dual Making Request Parent/Guardian Court State Agency Date of Attendance 08/30/2016 CTION III: TRANSPORTATION – TO BE COMPLETE RESIDENCE IO TRANSPORTATION will be provided. Parent/guardian	District Last Attender District of Residence Student Placement Group Home F Foster Home F District to District to District Annual Pupil Instruct	9 Placement Placement rict Placement stion Days	178 /PLAC	
Stude District Indivi First SEC OF I	ent State ID 814170688 ct of Choice/Placement 15 dual Making Request Parent/Guardian Court State Agency Date of Attendance 08/30/2016 CTION III: TRANSPORTATION – TO BE COMPLETE RESIDENCE TO TRANSPORTATION will be provided. Parent/guardian District of Choice/Placement: Bus service, at NO COST	District Last Attended District of Residence Student Placement Group Home F Foster Home F District to District to District Annual Pupil Instruct ED BY DISTRICT OF	9 Placement Placement ict Placement tion Days	178 /PLAC	
Stude District Indivi First SEC OF I	ent State ID 814170688 ct of Choice/Placement 15 dual Making Request Parent/Guardian Court State Agency Date of Attendance 08/30/2016 CTION III: TRANSPORTATION – TO BE COMPLETE RESIDENCE TO TRANSPORTATION will be provided. Parent/guardian District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$ per	District Last Attende District of Residence Student Placement Group Home F Foster Home F District to District to District to District Annual Pupil Instruct ED BY DISTRICT OF will transport at own exp	9 Placement Placement rict Placement tion Days CHOICE	178 /PLAC	ECTION IV)
Stude District Indivi	ent State ID 814170688 ct of Choice/Placement 15 dual Making Request Parent/Guardian Court State Agency Date of Attendance 08/30/2016 CTION III: TRANSPORTATION – TO BE COMPLETE RESIDENCE TO TRANSPORTATION will be provided. Parent/guardian District of Choice/Placement: Bus service, at NO COST	District Last Attende District of Residence Student Placement Group Home F Foster Home F District to	9 Placement Placement rict Placement stion Days CHOICE Placement (GO) Placement rict Placement richt Placement rict Placement rick Placement	178 /PLACO TO Si	ECTION IV)
Stude District Indivi	ct of Choice/Placement 15 dual Making Request Parent/Guardian Court State Agency Date of Attendance 08/30/2016 CTION III: TRANSPORTATION – TO BE COMPLET RESIDENCE TO TRANSPORTATION will be provided. Parent/guardian District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$	District Last Attende District of Residence Student Placement Group Home F Foster Home F District to	9 Placement Placement rict Placement stion Days CHOICE Placement (GO) Placement rict Placement richt Placement rict Placement rick Placement	178 /PLACO TO Si	ECTION IV)
District Indivi	ct of Choice/Placement 15 dual Making Request Parent/Guardian Court State Agency Date of Attendance 08/30/2016 CTION III: TRANSPORTATION – TO BE COMPLET RESIDENCE TO TRANSPORTATION will be provided. Parent/guardian District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$ per Bus service, charging District of Residence \$ per Bus service, charging State of Montana \$ per yellow the parent/guardian under a TR-4	District Last Attender District of Residence Student Placement Group Home F Foster Home F District to District t	Placement Placement ict Placement tion Days CHOICE entse. (GC) ent schedule nly attach ontract (ove	/PLAC) TO Si e) docume r 3 miles	entation of costs) s from school or bus stop)

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT				
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition			paretimestory	
Parent/Guardian Request:	Tuition Waiwad		100 A	
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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	\$	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	☐ Tuition Waived ☐ \$	- \$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	S	\$(State of Montana)	
District-to-District Placement:		<u> </u>		
□ Discretionary	Tuition Waived	\$	\$(District of Residence)	
A signature below acknowledges receipt of the student attendance agreement form. If transportation is provided and tuition is not waived, tuition will be charged to the parent/guardian, district of residence or state of Montana as indicated in Sections III and IV above. A. DISTRICT OF CHOICE/PLACEMENT - This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Choice/Placement:			27, 2016	
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:	Signature of Chairperson, District of Residence: Date:			
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ☐ ACKNOWLEDGES receipt of this attendance agreement				
Print Name of OPI Representative:				
Signature of OPI Representative:		Date:		
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place			
Date Agreement Received (Resident District)	Date Agreement Appro			



SECTION I: TO BE COMPLETED BY PARENT/GUARD	IAN -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)				
Daniels Jr., Fran	ık Edward			
Grade (for year of attendance) 05	Birth Date Mo 06 Day 22 Year 2006			
Student Address	City/State/Zip Code			
9290 Hwy 89 South, Box 2053 Cut Bank, MT 59427				
Parent/Guardian Address (if different)	City/State/Zip Code			
Name of Parant/Cuardian or Crown Home Paragonatative, OR Name of	and Title of Official of State Assess/Court Tolophore Number			
Name of Parent/Guardian or Group Home Representative -OR- Name and Title of Official of State Agency/Court Responsible for Placement (print) Telephone Number				
Erica Edwards / Frank Daniels, Sr.	(406) 470-2003			
Representing (name and address of state agency/court/group home, if s parent/guardian)	state agency/court request OR completed by group home manager on behalf of			
Parent Request				
the parent/guardian for attendance. If the student attends under this ag	by the district of choice and will specify the costs, if any, which will be charged to reement, 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: <u>Hauk Oamis</u>	Ob Date: 6-2-14			
State Agency/Court Request OR Group Home Representative				
Signature of Official of State Agency/Court/Group Home:	Date:			
14				
CECTION II. TO BE COMPLETED BY DISTRICT OF CL				
SECTION II: TO BE COMPLETED BY DISTRICT OF CH	District Last Attended			
Student State ID 292039664	District Last Attended 15			
Student State ID 292039664 District of Choice/Placement	District Last Attended			
Student State ID 292039664	District Last Attended 15			
Student State ID 292039664 District of Choice/Placement 15 Individual Making Request Parent/Guardian	District Last Attended 15 District of Residence 9 Student Placement Group Home Placement			
Student State ID 292039664 District of Choice/Placement 15 Individual Making Request	District Last Attended 15 District of Residence 9 Student Placement			
Student State ID 292039664 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court	District Last Attended 15 District of Residence 9 Student Placement Group Home Placement Foster Home Placement			
Student State ID 292039664 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement			
Student State ID 292039664 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLET	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement			
Student State ID 292039664 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency First Date of Attendance 08/30/2016	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 178 ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT			
Student State ID 292039664 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLET OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian District of Choice/Placement:	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 178 ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT			
Student State ID 292039664 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLET OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian District of Choice/Placement:	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 178 ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT will transport at own expense. (GO TO SECTION IV)			
Student State ID 292039664 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLET OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian District of Choice/Placement:	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 178 ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT will transport at own expense. (GO TO SECTION IV)			
Student State ID 292039664 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLET OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian District of Choice/Placement:	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 178 ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT will transport at own expense. (GO TO SECTION IV)			
Student State ID 292039664 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLET OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian District of Choice/Placement:	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 178 ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT will transport at own expense. (GO TO SECTION IV) (attach payment schedule) (attach payment schedule) (attach payment schedule) (ear (over-schedule costs only attach documentation of costs)			
Student State ID 292039664 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLET OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian District of Choice/Placement: Bus service, at NO COST Bus service, charging parents per Bus service, charging State of Montana per y Mileage reimbursement to the parent/guardian under a TR-4 District of Residence: Bus service, at NO COST Bus service, charging State of Montana per y Mileage reimbursement to the parent/guardian under a TR-4 District of Residence: Bus service, at NO COST	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 178 ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT will transport at own expense. (GO TO SECTION IV) (attach payment schedule) r (attach payment schedule) rear (over-schedule costs only — attach documentation of costs) Individual Transportation Contract (over 3 miles from school or bus stop)			
District of Choice/Placement 15	District Last Attended District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days 178 ED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT will transport at own expense. (GO TO SECTION IV) (attach payment schedule) (attach payment schedule) (attach payment schedule) (rear (over-schedule costs only – attach documentation of costs)			

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT				
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request:	✓ Tuition Waived			
 Discretionary - Parent/Guardian requests to enroll student outside district of residence. 	□ \$		\$(Parent/Guardian)	
☐ Mandatory - Elementary student to attend where high school age sibling(s) attends.	Tuition Waived	7	\$_ (Parent/Guardian)	
☐ Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	\$	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	\$	\$(State of Montana)	
District-to-District Placement: □ Discretionary	Tuition Waived	\$	\$(District of Residence)	
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: Dean Berkrand				
Signature of Chairperson, District of Choice/Placement:				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:		Date:		
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ☐ ACKNOWLEDGES receipt of this attendance agreement				
Print Name of OPI Representative:				
Signature of OPI Representative:		Date:		
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place	oved/Disapproved		
Date Agreement Received (Resident District)	Date Agreement Appro			



SECTION I: TO BE COMPLETED BY PARENT/GUARD	DIAN -OR- OFFICIAL OF STATE AGENCY/COURT
I request that the following student be allowed to attend a school distric	t outside the student's District of Residence.
Student Name (last, first, middle initial) Daniels, Kolby S	3
Grade (for year of attendance)	Birth Date Mo 10 Day 03 Year 2003
Student Address	City/State/Zip Code
9290 Hwy 89 South, Box 2053	Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Name Responsible for Placement (print)	- '
Erica Edwards / Frank Daniels, Sr.	(406) 470-2003
Representing (name and address of state agency/court/group home, if parent/guardian)	state agency/court request OR completed by group home manager on behalf of
the parent/guardian for attendance. If the student attends under this agreement/guardian under the terms of this agreement.	the by the district of choice and will specify the costs, if any, which will be charged to greement, the parent/guardian agrees to pay the costs, if any, charged to the
Signature of Parent/Guardian: Trank Oau	US Date: 6-2-14
State Agency/Court Request OR Group Home Representative	
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF C	
Student State ID 393003062	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request	Student Placement
☐ Parent/Guardian ☐ Court	Group Home Placement Foster Home Placement '
State Agency	District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178
SECTION III: TRANSPORTATION – TO BE COMPLET OF RESIDENCE NO TRANSFORTATION will be provided. Parent/guardiar	TED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT n will transport at own expense. (GO TO SECTION IV)
District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$_per Bus service, charging District of Residence \$_per Bus service, charging State of Montana \$_per	
District of Residence: Bus service, at NO COST Bus service, charging parent \$ per Mileage reimbursement to the parent/guardian under a TR-4	

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT			
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition			
Parent/Guardian Request:	✓ Tuition Waived		
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	\$		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	☐ Tuition Waived ☐ \$	\$	\$(District of Residence)
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	\$	\$(State of Montana)
District-to-District Placement: □ Discretionary	Tuition Waived	\$	\$(District of Residence)
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: Dean Berkran			
Signature of Chairperson, District of Choice/Placement:			
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)			
Print Name of Chairperson, Board of Trustees:			
	Signature of Chairperson, District of Residence: Date:		
 C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ☐ ACKNOWLEDGES receipt of this attendance agreement 			
Print Name of OPI Representative:			
Signature of OPI Representative:		Date:	
SECTION VI: TIMELINES			
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appr (District of Choice/Plan		
Date Agreement Received (Resident District)	Date Agreement Appr Acknowledged Receip	oved/Disapproved/ ot of (Resident District)	



School Year 20 16 - 20 17

SEC	TION I: TO BE COMPLETED BY PARENT/GUARDIA	AN -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.				
Stude	nt Name (last, first, middle initial) Berkram, Dallas			
Grade	e (for year of attendance) 4	Birth Date		
Charle	·	Mo 10 Day 31 Year 2006		
		City/State/Zip Code		
		Cut Bank, MT 59427		
Paren	t/Guardian Address (if different)	City/State/Zip Code		
Name	of Parent/Guardian or Group Home Representative -OR- Name and onsible for Placement (print)	d Title of Official of State Agency/Court Telephone Number		
L	eslie/Wade Berkram	(406) 336-2520		
	senting (name and address of state agency/court/group home, if stat/guardian)	te agency/court request OR completed by group home manager on behalf of		
This a the pa paren Signa		by the district of choice and will specify the costs, if any, which will be charged to ement, the parent/guardian agrees to pay the costs, if any, charged to the		
Signa	ture of Official of State Agency/Court/Group Home:	Date:		
	TION II: TO BE COMPLETED BY DISTRICT OF CHO			
Stude	102741240	District Last Attended 15		
	ct of Choice/Placement 15	District of Residence 9		
\ <u> </u>	dual Making Request	Student Placement		
1 5	Parent/Guardian Court	Group Home Placement Foster Home Placement ' District to District Placement		
	State Agency	District to District Placement		
First	Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178		
OF I	TION III: TRANSPORTATION – TO BE COMPLETE RESIDENCE IO TRANSPORTATION will be provided. Parent/guardian w	D BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT ill transport at own expense. (GO TO SECTION IV)		
Check all that apply	District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$ per (and the per per per per per per per per per pe	attach payment schedule)(attach payment schedule)		
Check al	District of Residence: Bus service, at NO COST Bus service, charging parent \$ per (a Mileage reimbursement to the parent/guardian under a TR-4 In	ttach payment schedule) dividual Transportation Contract (over 3 miles from school or bus stop)		

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT				
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request:	✓ Tuition Waived		Committee and Co	
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	\$		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	\$	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$		\$(State of Montana)	
,				
District-to-District Placement: □ Discretionary	☐ Tuition Waived ☐ \$	\$	\$(District of Residence)	
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: Dean Berkrand				
Signature of Chairperson, District of Choice/Placement:				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) BISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:		Date:		
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement				
Print Name of OPI Representative:				
Signature of OPI Representative:		Date:		
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Plac	ved/Disapproved		
Date Agreement Received Date Agreement Approved/Disapproved/ (Resident District) Acknowledged Receipt of (Resident District)				



School Year 20 16 - 20 17

SECTION I: TO BE COMPLETED BY PARENT/GUARDIA	AN -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) Berkram, Wyatt			
Grade (for year of attendance) 7	Birth Date Mo 4 Day 2 Year 2004		
Student Address	City/State/Zip Code		
1346 Regan Road (Cut Bank, MT 59427		
Parent/Guardian Address (if different)	City/State/Zip Code		
Name of Parent/Guardian or Group Home Representative -OR- Name and	d Title of Official of State Agency/Court Telephone Number		
Responsible for Placement (print)			
Leslie/Wade Berkram	(406) 336-2520		
Representing (name and address of state agency/court/group home, if state parent/guardian)	ate agency/court request OR completed by group home manager on behalf of		
paroniguation,			
Parent Request			
the parent/guardian for attendance. If the student attends under this agre	by the district of choice and will specify the costs, if any, which will be charged to ement, the parent/guardian agrees to pay the costs, if any, charged to the		
parent/guardian under the terms of this agreement.	2.11		
Signature of Parent/Guardian:	Date: 6/3/16		
State Agency/Court Request OR Group Home Representative			
Signature of Official of State Agency/Court/Group Home:	Date:		
Signature of Official of State Agency/Codif/Official Filorite.	Date.		
SECTION II: TO BE COMPLETED BY DISTRICT OF CHO	District Last Attended		
609494590	15		
District of Choice/Placement 15	District of Residence 9		
Individual Making Request	Student Placement		
☑ Parent/Guardian	☐ Group Home Placement		
Court State Agency	Foster Home Placement ' District to District Placement		
Court State Agency First Date of Attendance 08/30/2016	Foster Home Placement ' District to District Placement Annual Pupil Instruction Days 178		
State Agency	District to District Placement		
State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLETE	District to District Placement		
State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE	District to District Placement Annual Pupil Instruction Days 178 D BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT		
State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian w	District to District Placement Annual Pupil Instruction Days 178 D BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT		
State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian w District of Choice/Placement:	District to District Placement Annual Pupil Instruction Days 178 D BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT ill transport at own expense. (GO TO SECTION IV)		
State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian w District of Choice/Placement:	District to District Placement Annual Pupil Instruction Days 178 D BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT ill transport at own expense. (GO TO SECTION IV) attach payment schedule)		
State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian w District of Choice/Placement:	District to District Placement Annual Pupil Instruction Days 178 D BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT ill transport at own expense. (GO TO SECTION IV) attach payment schedule)		
State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian w District of Choice/Placement:	District to District Placement Annual Pupil Instruction Days 178 D BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT ill transport at own expense. (GO TO SECTION IV) attach payment schedule)		
State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian w District of Choice/Placement:	District to District Placement Annual Pupil Instruction Days 178 D BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT ill transport at own expense. (GO TO SECTION IV) attach payment schedule)		
State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLETE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian w District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$	District to District Placement Annual Pupil Instruction Days 178 D BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT ill transport at own expense. (GO TO SECTION IV) attach payment schedule)		

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT				
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the Annual Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request:	✓ Tuition Waived		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
 Discretionary - Parent/Guardian requests to enroll student outside district of residence. 	□ \$		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	S	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	☐ Tuition Waived ☐ \$	S	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory		\$	\$(State of Montana)	
District-to-District Placement:				
□ Discretionary	Tuition Waived	\$	\$(District of Residence)	
the parent/guardian, district of residence or state of Montana as indicated in Sections III and IV above. A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Choice/Placement:				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:		Date:		
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ☐ ACKNOWLEDGES receipt of this attendance agreement				
Print Name of OPI Representative:				
Signature of OPI Representative:		Date:		
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place	oved/Disapproved		
Date Agreement Received (Resident District) Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)				





SECTION I: TO BE COMPLETED BY PARENT/GUARDIA	
I request that the following student be allowed to attend a school district out	tside the student's District of Residence.
Student Name (last, first, middle initial) Barry, Macee, E.	
Grade (for year of attendance)	Birth Date Mo 10 Day 28 Year 2000
Student Address C	ity/State/Zip Code
	Cut Bank, MT 59427
Parent/Guardian Address (if different)	Sity/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Name and Responsible for Placement (print)	ì
Charlotte/Walter Barry	(406) 336-2255
Representing (name and address of state agency/court/group home, if stat parent/guardian)	e agency/court request OR completed by group home manager on behalf of
Parent Request This agreement will be returned to the parent/guardian after acceptance by the parent/guardian for attendance. If the student attends under this agree parent/guardian under the terms of this agreement.	- ~ u
Signature of Parent/Guardian:	Date: 5-3-16
State Agency/Court Request OR Group Home Representative	
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF CHO	DICE/PLACEMENT
Student State ID 999118446	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request	Student Placement
☐ Parent/Guardian Court	Group Home Placement Foster Home Placement
State Agency	District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178
SECTION III: TRANSPORTATION – TO BE COMPLETED OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian will be provided.	D BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT Il transport at own expense. (GO TO SECTION IV)
District of Choice/Placement: Bus service, at NO COST Bus service, charging parents per Bus service, charging District of Residence per	uttach payment schedule)
District of Residence: Bus service, at NO COST Bus service, charging parent \$ per (att Mileage reimbursement to the parent/guardian under a TR-4 Inc	tach payment schedule) dividual Transportation Contract (over 3 miles from school or bus stop)

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT				
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request:	✓ Tuition Waived			
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	□ \$		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	- \$	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) □ Mandatory	\$	□ \$	\$(State of Montana)	
District-to-District Placement: □ Discretionary	Tuition Waived	\$	\$(District of Residence)	
A signature below acknowledges receipt of the student attendance agreement form. If transportation is provided and tuition is not waived, tuition will be charged to the parent/guardian, district of residence or state of Montana as indicated in Sections III and IV above. A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: Dean Berkra Signature of Chairperson, District of Choice/Placement: Date: April 29, 2016				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition) Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:		Date:		
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement Print Name of OPI Representative:				
Signature of OPI Representative: Date:				
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Initial Agreement Received Date Agreement Approved/Disapproved			
Date Agreement Received Date Agreement Approved/Disapproved/ (Resident District) Acknowledged Receipt of (Resident District)				



School Year 20 16 - 20 17

SECTION I: TO BE COMPLETED BY PARENT/GUA	ARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT
I request that the following student be allowed to attend a school dis	strict outside the student's District of Residence.
Student Name (last, first, middle initial) Barry, Mylee	
Grade (for year of attendance)	Birth Date
Student Address	Mo 6 Day 9 Year 2006 City/State/Zip Code
174 William Johnson Rd	Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Nar Responsible for Placement (print)	me and Title of Official of State Agency/Court Telephone Number
Charlotte/Walter Barry	(406) 336-2255
Representing (name and address of state agency/court/group home parent/guardian)	e, if state agency/court request OR completed by group home manager on behalf of
	ance by the district of choice and will specify the costs, if any, which will be charged to is agreement, the parent/guardian agrees to pay the costs, if any, charged to the
	Date. O 18
State Agency/Court Request OR Group Home Representative	()
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF	F CHOICE/PLACEMENT
Student State ID 129050247	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request	Student Placement
☑ Parent/Guardian ☐ Court	Group Home Placement Foster Home Placement '
State Agency	District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178
OF RESIDENCE	LETED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT dian will transport at own expense. (GO TO SECTION IV)
	and the second of the second o
District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$ per Bus service, charging District of Residence \$ Mileage reimbursement to the parent/guardian under a T District of Residence: Bus service, at NO COST Bus service, charging parent \$ per	(attach payment schedule) _ per (attach payment schedule) per year (over-schedule costs only attach documentation of costs) R-4 Individual Transportation Contract (over 3 miles from school or bus stop)
District of Residence: Bus service, at NO COST Bus service, charging parent \$ per Mileage reimbursement to the parent/guardian under a T	(attach payment schedule) FR-4 Individual Transportation Contract (over 3 miles from school or bus stop)

SECTION IV: TUITION COSTS - TO BE COMPLETED	BY DISTRICT OF CH	OICE/PLACEMENT		
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request:	✓ Tuition Waived			
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	\$		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	\$	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	□ \$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory		\$	\$(State of Montana)	
District-to-District Placement:	☐ Tuition Waived			
□ Discretionary	\$	\$	\$(District of Residence)	
The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Brief Name of Chairperson, Roard of Trustees: Dean Berk	crarbl a			
Print Name of Chairperson, Board of Trustees: DCATT DCTKT311 Signature of Chairperson, District of Choice/Placement: Date: April 29, 2016				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transp DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement charged tuition)	_	listrict is charged tuition)		
Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:		Date:		
 C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreeme 	-	p Home Placement)		
Print Name of OPI Representative:				
Signature of OPI Representative:		Date:		
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place			
Date Agreement Received Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)				



SECTION I: TO BE COMPLETED BY PARENT/GUAR	RDIAN -OR- OFFICIAL OF STATE AC	GENCY/COURT
I request that the following student be allowed to attend a school distribution Student Name (last, first, middle initial)	rict outside the student's District of Residence.	
Dell, Logan		
Grade (for year of attendance) 5	Birth Date Mo 3 Day 6	Year 2005
Student Address	City/State/Zip Code	Year 2003
240 Hoyt Road	Cut Bank, MT 59427	
Parent/Guardian Address (if different)	City/State/Zip Code	
Name of Parent/Guardian or Group Home Representative -OR- Nam Responsible for Placement (print)	ne and Title of Official of State Agency/Court	Telephone Number
Kari/Greg Dell		(406) 336-5050
Representing (name and address of state agency/court/group home, parent/guardian)	if state agency/court request OR completed by	group home manager on behalf of
Parent Request This agreement will be returned to the parent/guardian after acceptar the parent/guardian for attendance. If the student attends under this parent/guardian under the terms of this agreement. Signature of Parent/Guardian:	nce by the district of choice and will specify the a agreement, the parent/guardian agrees to pay to Date:	the costs, if any, charged to the
State Agency/Court Request QR Group Home Representative		7010
State Agency/Court Request GR Group Home Representative		•
Signature of Official of State Agency/Court/Group Home:		Date:
	N/A	
SECTION II: TO BE COMPLETED BY DISTRICT OF	CHOICE/PLACEMENT	
SECTION II: TO BE COMPLETED BY DISTRICT OF Student State ID 319383009	CHOICE/PLACEMENT District Last Attended 15	
Children Chata ID	District Last Attended	STATE OF THE STATE
Student State ID 319383009 District of Choice/Placement 15 Individual Making Request	District Last Attended 15 District of Residence 9 Student Placement	
Student State ID 319383009 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court	District Last Attended 15 District of Residence 9 Student Placement Group Home Placement	
Student State ID 319383009 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement	
Student State ID 319383009 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court	District Last Attended 15 District of Residence 9 Student Placement Group Home Placement	
Student State ID 319383009 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLIANCE	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days T78 ETED BY DISTRICT OF CHOICE/PLA	ACEMENT AND DISTRICT
Student State ID 319383009 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLIOF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days T78 ETED BY DISTRICT OF CHOICE/PLA	ACEMENT AND DISTRICT
Student State ID 319383009 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency First Date of Attendance 08/30/2016 SECTION III: TRANSPORTATION – TO BE COMPLIANCE	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 178 ETED BY DISTRICT OF CHOICE/PLA ian will transport at own expense. (GO TO (attach payment schedule) per (attach payment schedule) er year (over-schedule costs only attach docu	ACEMENT AND DISTRICT SECTION IV)

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT					
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)		
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition					
Parent/Guardian Request:	7 Tuition Waived				
 Discretionary - Parent/Guardian requests to enroll student outside district of residence. 	\$		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	☐ Tuition Waived ☐ \$	- \$	\$(District of Residence)		
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)		
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	□ \$	\$	\$(State of Montana)		
District-to-District Placement: □ Discretionary	☐ Tuition Waived ☐ \$	\$	\$(District of Residence)		
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Dean Berkrein					
Print Name of Chairperson, Board of Trustees.	April 20, 2016				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)					
Print Name of Chairperson, Board of Trustees:					
Signature of Chairperson, District of Residence:		Date:			
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement					
Print Name of OPI Representative:					
Signature of OPI Representative: Date:					
SECTION VI: TIMELINES					
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place				
Date Agreement Received (Resident District) Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)					





SECTION I: TO BE COMPLETED BY PARENT/GUAR	RDIAN -OR- OFFICIAL OF STATE AGENCY/COURT
I request that the following student be allowed to attend a school district the state of the sta	rict outside the student's District of Residence.
Student Name (last, first, middle initial) Lytle, Taylen J	ay
Grade (for year of attendance)	Birth Date Mo 2 Day 15 Year 2002
Student Address	City/State/Zip Code
536 Radar Base Rt.	Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Nam Responsible for Placement (print)	
Jay Bob Lytle	(406) 336-5725
Representing (name and address of state agency/court/group home, parent/guardian)	if state agency/court request OR completed by group home manager on behalf of
the parent/guardian for attendance. If the student attends under this parent/guardian under the terms of this agreement.	nce by the district of choice and will specify the costs, if any, which will be charged to agreement, the parent/guardian agrees to pay the costs, if any, charged to the
Signature of Parent/Guardian:	
State Agency/Court Request OR Group Home Representative	
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF	CHOICE/PLACEMENT
Student State ID 498575978	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request	Student Placement
☐ Parent/Guardian Court	Group Home Placement Foster Home Placement '
State Agency	District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178
SECTION III: TRANSPORTATION – TO BE COMPLIOF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardi	ETED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT an will transport at own expense. (GO TO SECTION IV)
District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$ per Bus service, charging District of Residence \$ Bus service, charging State of Montana \$ per	
District of Residence: □ Bus service, at NO COST □ Bus service, charging parent \$ per	(attach payment schedule) R-4 Individual Transportation Contract (over 3 miles from school or bus stop)

SECTION IV: TUITION COSTS - TO BE COMPLETED	BY DISTRICT OF CH	DICE/PLACEMENT		
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the Annual Amount of Regular Ed, Special Rate and Total Tuition			A service of the serv	
Parent/Guardian Request:	✓ Tuition Waived			
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	\$		\$(Parent/Guardian)	
☐ Mandatory - Elementary student to attend where high school age sibling(s) attends. ■ Mandatory - Elementary student to attend where high school age	Tuition Waived		\$(Parent/Guardian)	
☐ Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	\$	\$_ (District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	S	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	□ \$	\$ (State of Montana)	
District A District Discourse		<u> </u>		
District-to-District Placement: □ Discretionary	Tuition Waived	\$	\$ (District of Residence)	
The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: Signature of Chairperson, District of Choice/Placement: Date: April 29, 2016				
Signature of Chairperson, District of Choice/Placement:	The X III II	Date: / Pin	20, 2010	
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:				
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreeme	only for State/Court/Grou			
Print Name of OPI Representative:				
Signature of OPI Representative:		Date:		
SECTION VI: TIMELINES 1				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place	oved/Disapproved		
Date Agreement Received (Resident District) Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)				



SECTION I. TO BE COMPLETED BY PADENTICH	ARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT
I request that the following student be allowed to attend a school d	
Student Name (last, first, middle initial) Lytle, Taylissa	
Grade (for year of attendance) 8	Birth Date Mo 6 Day 24 Year 2003
Student Address	City/State/Zip Code
536 Radar Base Rt.	Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- N. Responsible for Placement (print)	- 1
Jay Bob Lytle	(406) 336-5725
Representing (name and address of state agency/court/group hon parent/guardian)	ne, if state agency/court request OR completed by group home manager on behalf of
the parent/guardian for attendance. If the student attends under the parent/guardian under the terms of this agreement.	ptance by the district of choice and will specify the costs, if any, which will be charged to his agreement, the parent/guardian agrees to pay the costs, if any, charged to the
Signature of Parent/Guardian:	Date: May 12,16
State Agency/Court Request OR Group Home Representative	
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT O	
Student State ID 684750148	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request	Student Placement
☐ Parent/Guardian ☐ Court	Group Home Placement Foster Home Placement
State Agency	District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178
OF RESIDENCE	PLETED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT rdian will transport at own expense. (GO TO SECTION IV)
District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$	(attach payment schedule)
District of Residence: Bus service, at NO COST Bus service, charging parent \$per	(attach payment schedule) TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT				
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITWON (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the Annual Amount of Regular Ed, Special Rate and Total Tuition				
Parent/Guardian Request:	Tuition Waived			
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	- \$		\$_ (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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	S	\$(District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	\$	\$ (State of Montana)	
District-to-District Placement:				
□ Discretionary	Tuition Waived	\$	\$(District of Residence)	
A signature below acknowledges receipt of the student attendance agreement form. If transportation is provided and tuition is not waived, tuition will be charged to the parent/guardian, district of residence or state of Montana as indicated in Sections III and IV above. A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Dean Berkrand				
Print Name of Chairperson, Board of Trustees: Signature of Chairperson, District of Choice/Placement: Date: April 29, 2016				
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)				
Print Name of Chairperson, Board of Trustees:				
Signature of Chairperson, District of Residence:		Date:		
 C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ☐ ACKNOWLEDGES receipt of this attendance agreement 				
Print Name of OPI Representative:				
Signature of OPI Representative:		Date:		
SECTION VI: TIMELINES				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place	oved/Disapproved		
Date Agreement Received Date Agreement Approved/Disapproved/ (Resident District) Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)				



School Year 20 16 - 20 17

Student Name (last, first, middle initial)	
Seewald, Bauer E	dward
Grade (for year of attendance) 7	Birth Date Mo 9 Day 25 Year 2003
Student Address Ci	Mo 9 Day 25 Year 2003 ty/State/Zip Code
	Cut Bank, MT 59427
	ity/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Name and Responsible for Placement (print)	
Hapi/JC Seewald	(406) 336-2041
Representing (name and address of state agency/court/group home, if state parent/guardian)	agency/court request OR completed by group home manager on behalf of
Parent Request This agreement will be returned to the parent/guardian after acceptance by the parent/guardian for attendance. If the student attends under this agreemparent/guardian under the terms of this agreement. Signature of Parent/Guardian: State Agency/Court Request OR Group Home Representative	the district of choice and will specify the costs, if any, which will be charged to ment, the parent/guardian agrees to pay the costs, if any, charged to the Date: Date:
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF CHO	ICE/DI ACEMENT
Student State ID	District Last Attended
938457045	15
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
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178
SECTION III: TRANSPORTATION – TO BE COMPLETED OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardian will	그 가게 있어요 그와 눈을 잃어놓은 유연을 보다라다고 있다.
District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$	ttach payment schedule)(attach payment schedule)(over-schedule costs only attach documentation of costs) ividual Transportation Contract (over 3 miles from school or bus stop)
District of Residence: Bus service, at NO COST Bus service, charging parent \$ per (att Mileage reimbursement to the parent/guardian under a TR-4 Ind	ach payment schedule) ividual Transportation Contract (over 3 miles from school or bus stop)

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

SECTION IV: TUITION COSTS - TO BE COMPLETED	BY DISTRICT OF CH	OICE/PLACEMENT			
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount - payee in parenthesis)		
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition					
Parent/Guardian Request:	Tuition Waived	The state of the s			
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	<u> </u>		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	\$	\$ (District of Residence)		
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)		
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	S	\$	\$ (State of Montana)		
District-to-District Placement: □ Discretionary	☐ Tuition Waived ☐ \$	\$	\$(District of Residence)		
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement					
Print Name of Chairperson, Board of Trustees: Dean Berkram					
Signature of Chairperson, District of Choice/Placement:					
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY) if transp DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement charged tuition)	•	-	waived OR parent is		
Print Name of Chairperson, Board of Trustees:		•			
Signature of Chairperson, District of Residence:		Date:			
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreeme		ip Home Placement)			
Print Name of OPI Representative:					
Signature of OPI Representative: Date:					
SECTION VI: TIMELINES					
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro				
Date Agreement Received Date Agreement Approved/Disapproved/ (Resident District) Acknowledged Receipt of (Resident District)					





	TION I: TO BE COMPLETED BY PARENT/GUARDIAN			GENCY/COURT
	est that the following student be allowed to attend a school district outs nt Name (last, first, middle initial)	<u> </u>	of Residence.	
Crada	Seewald, Brant Cli			
Grade	(for year of attendance) 7	Birth Date	_{Day} 25	year 2003
Stude	nt Address Cit	y/State/Zip Code	Day	real = 000
		ut Bank, MT	59427	
Paren	t/Guardian Address (if different) Cit	y/State/Zip Code		
Name	of Parent/Guardian or Group Home Representative -OR- Name and	itle of Official of State A	anna/Court	Telephone Number
Respo	onsible for Placement (print)	the of Official of State A	gency/court	
	api/JC Seewald			(406) 336-2041
	senting (name and address of state agency/court/group home, if state t/guardian)	agency/court request O	R completed by	group home manager on behalf of
'	,			
1	t Request		***	
the pa	greement will be returned to the parent/guardian after acceptance by rent/guardian for attendance. If the student attends under this agreen t/guardian under the terms of this agreement.			
Paren	organization under the terms of this agreement.			1 (11)
-	ture of Parent/Guardian:		Date:	May 412, 2016
State	Agency/Court Request OR Group Home Representative			
Signa	ture of Official of State Agency/Court/Group Home:			Date:
	TION II: TO BE COMPLETED BY DISTRICT OF CHOI			
	nt State ID 671180021	District Last Attended	15	
Distric	ct of Choice/Placement 15	District of Residence	9	
1 —	dual Making Request	Student Placement		
1	Parent/Guardian Court	Group Home PI Foster Home PI		
	State Agency	District to District		
First	Date of Attendance 08/30/2016	Annual Pupil Instructi	on Days 178	
CEC.	TION III: TRANSPORTATION – TO BE COMPLETED	DV DISTRICT OF	CHOICE/DL	ACEMENT AND DISTRICT
OF I	RESIDENCE			
	O TRANSPORTATION will be provided. Parent/guardian will	transport at own expe	nse. (GO TO	SECTION IV)
<u>></u>	District of Choice/Placement: Bus service, at NO COST			
арр	Bus service, charging parents \$per(att	ach payment schedule)	at cobodula)	
nat a	Bus service, charging District of Residence \$per year Mileage reimbursement to the parent/guardian under a TR-4 Indi	over-schedule costs on	y attach docu	mentation of costs)
3 t	Mileage reimbursement to the parent/guardian under a TR-4 Indi	ridual Transportation Co	ntract (over 3 m	iles from school or bus stop)
Check all that apply	District of Residence:			
ıo	Bus service, at NO COST			
등	Bus service, charging parent \$ per (atta Mileage reimbursement to the parent/guardian under a TR-4 Indi	ch payment schedule)		<u>. </u>

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT			
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)
Check One and Indicate the Annual Amount of Regular Ed, Special Rate and Total Tuition			
Parent/Guardian Request:	Tuition Waived		
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	□ \$		\$(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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	S	\$ (District of Residence)
☐ Mandatory - Geographic barrier prohibits attendance in <u>District of</u> Residence.	Tuition Waived	\$	\$(District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	\$	\$(State of Montana)
District-to-District Placement: □ Discretionary	Tuition Waived	\$	\$(District of Residence)
the parent/guardian, district of residence or state of Montana as indicated in Sections III and IV above. A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees:			
Signature of Chairperson, District of Choice/Placement:			
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)			
Print Name of Chairperson, Board of Trustees:			
Signature of Chairperson, District of Residence:		Date:	
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement			
Print Name of OPI Representative:			
Signature of OPI Representative:		Date:	
SECTION VI: TIMELINES			
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro		
Date Agreement Received (Resident District)	Date Agreement Appro		





CEC.	FIGN I. TO BE COMPLETED BY PARENT/CHARDIAN	V OD OFFICIAL OF STATE ACENOVICOURT
	FION I: TO BE COMPLETED BY PARENT/GUARDIAN pest that the following student be allowed to attend a school district out:	
	nt Name (last, first, middle initial) Seewald, JR Russ	
Grade	(for year of attendance) 10	Birth Date Mo 11 Day 14 Year 2000
Stude	nt Address Ci	ty/State/Zip Code
2	50 Landslide Butte Road C	Cut Bank, MT 59427
Paren	VGuardian Address (if different) Ci	ty/State/Zip Code
	of Parent/Guardian or Group Home Representative -OR- Name and onsible for Placement (print)	Title of Official of State Agency/Court Telephone Number
	api/JC Seewald	(406) 336-2041
	senting (name and address of state agency/court/group home, if state (/guardian)	e agency/court request OR completed by group home manager on behalf of
This a		the district of choice and will specify the costs, if any, which will be charged to ment, the parent/guardian agrees to pay the costs, if any, charged to the
Signa	ture of Parent/Guardian:	Date: Mc, 4 ^L , 2016
State	Agency/Court Request OR Group Home Representative	
Signa	ture of Official of State Agency/Court/Group Home:	Date:
L		
SEC	TION II: TO BE COMPLETED BY DISTRICT OF CHO	CE/PLACEMENT OF THE SECOND SEC
	nt State ID 912542374	District Last Attended
Distric	ct of Choice/Placement 15	District of Residence 9
Individ	dual Making Request	Student Placement
	Parent/Guardian Court	Group Home Placement Foster Home Placement
	State Agency	District to District Placement
First I	Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178
OF I	TION III: TRANSPORTATION – TO BE COMPLETED RESIDENCE TO TRANSPORTATION will be provided. Parent/guardian will	BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT
		transport at own expense. (60 TO SECTION IV)
Check all that apply	District of Choice/Placement: ■ Bus service, at NO COST □ Bus service, charging parents \$ per (at	itach payment schedule)(attach payment schedule)(over-schedule costs only attach documentation of costs) ividual Transportation Contract (over 3 miles from school or bus stop)
Check al	District of Residence: Bus service, at NO COST Bus service, charging parent \$ per (att Mileage reimbursement to the parent/quardian under a TR-4 Ind	ach payment schedule) ividual Transportation Contract (over 3 miles from school or bus stop)

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT			
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition			
Parent/Guardian Request:	✓ Tuition Waived		
Discretionary - Parent/Guardian requests to enroll student outside district of residence.	\$		\$_ (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 and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	\$	\$(District of Residence)
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	- \$	\$	\$(State of Montana)
District-to-District Placement:	☐ Tuition Waived	\$	\$(District of Residence)
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Roard of Trustees: Dean Berkrap			
April 20, 2016			
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition) Print Name of Chairperson, Board of Trustees:			
Signature of Chairperson, District of Residence:			
Print Name of OPI Representative:			
Signature of OPI Representative:			
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appr (District of Choice/Pla	oved/Disapproved	
Date Agreement Received (Resident District)	Date Agreement Appr Acknowledged Receip	oved/Disapproved/ ot of (Resident District)	





SECTION I: TO BE COMPLETED BY PARENT/GUAR	DIAN OD OFFICIAL OF STATE AGENCY/COURT
I request that the following student be allowed to attend a school district	
Student Name (last, first, middle initial) Suta, Katelyn L	:
Grade (for year of attendance) 5	Birth Date Mo 10 Day 30 Year 2005
Student Address	City/State/Zip Code
1282 Boundary Road	Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Name Responsible for Placement (print)	
Raylee Johnson / Blaine Suta	(406) 336-4243
Representing (name and address of state agency/court/group home, i parent/guardian)	f state agency/court request OR completed by group home manager on behalf of
	ce by the district of choice and will specify the costs, if any, which will be charged to agreement, the parent/guardian agrees to pay the costs, if any, charged to the
Signature of Parent/Guardian:	Date: 5/15/16
State Agency/Court Request OR Group Home Representative	
Signature of Official of State Agency/Court/Group Home:	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF C	
Student State ID 225222197	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request	Student Placement
Parent/Guardian	Group Home Placement
Court State Agency	Foster Home Placement ' District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178
SECTION III: TRANSPORTATION – TO BE COMPLE OF RESIDENCE NO TRANSPORTATION will be provided. Parent/guardia	TED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT in will transport at own expense. (GO TO SECTION IV)
District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$ per Bus service, charging District of Residence \$ per Bus service, charging State of Montana \$ per Mileage reimbursement to the parent/guardian under a TR- District of Residence: Bus service, at NO COST Bus service, charging parent \$ per	(attach payment schedule) per (attach payment schedule) r year (over-schedule costs only attach documentation of costs) -4 Individual Transportation Contract (over 3 miles from school or bus stop)
District of Residence: Bus service, at NO COST Bus service, charging parent \$ per Mileage reimbursement to the parent/guardian under a TR-	(attach payment schedule) _4 Individual Transportation Contract (over 3 miles from school or bus stop)

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT			
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)
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Discretionary - Parent/Guardian requests to enroll student outside district of residence.	\$		\$(Parent/Guardian)
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☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	 \$	\$(District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	- \$	s	\$(State of Montana)
District-to-District Placement:	Trutte a Marine d		
□ Discretionary	Tuition Waived	\$	\$(District of Residence)
A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Dean Berkran			
Print Name of Chairperson, Board of Trustees.	Lan Sulia	Date: April	29, 2016
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)			
Print Name of Chairperson, Board of Trustees:			
Signature of Chairperson, District of Residence: C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this attendance agreement			
Print Name of OPI Representative:			
Signature of OPI Representative:		Date:	
SECTION VI: TIMELINES			
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appr (District of Choice/Pla		
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)		



SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT			
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)
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☐ Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	\$	\$_ (District of Residence)
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	S	\$ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	\$	\$	\$(State of Montana)
District-to-District Placement: □ Discretionary	☐ Tuition Waived ☐ \$	□ \$	\$(District of Residence)
The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees:			
Print Name of Chairperson, Board of Trustees: Signature of Chairperson, District of Choice/Placement: Date: April 29, 2016			
B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) DISAPPROVES this attendance agreement ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)			
Print Name of Chairperson, Board of Trustees:			
Signature of Chairperson, District of Residence:		Date:	
C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: ☐ ACKNOWLEDGES receipt of this attendance agreement			
Print Name of OPI Representative:			
Signature of OPI Representative:			
SECTION VI: TIMELINES			
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appr (District of Choice/Pla		
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)		

