

Cut Bank Public Schools

SCHOOL DISTRICT 15 - GLACIER COUNTY

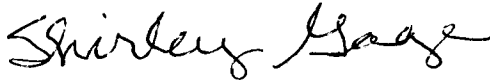
COMMITTED TO
EDUCATIONAL
EXCELLENCE

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,

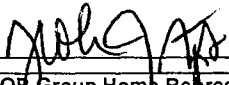


Shirley Gage
Cut Bank School District #15 Secretary

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Bird, Preston	
Grade (for year of attendance) 6	Birth Date Mo 1 Day 15 Year 2005
Student Address 23306 Hwy 2	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Teola Fish / Dan Bird, Sr.	Telephone Number (406) 338-4440
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: 	Date: 6/11/15
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 871804129	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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


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

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

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

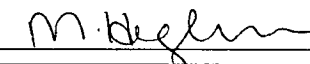
SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement form. If transportation is provided and tuition is not waived, tuition will be charged to the parent/guardian, district of residence or state of Montana as indicated in Sections III and IV above.	
A. DISTRICT OF CHOICE/PLACEMENT - This signature is required for both discretionary and mandatory agreements The Board of Trustees: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkran</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkran</i></u> Date: <u>April 29, 2016</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent</p> <p>opi.mt.gov</p>	<h2 style="margin: 0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin: 0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial)		Brauhn Hughson, Kade M.	
Grade (for year of attendance)	KF	Birth Date	Mo 05 Day 03 Year 2011
Student Address	City/State/Zip Code		
244 Labreches Rd	Browning, MT 59417		
Parent/Guardian Address (if different)	City/State/Zip Code		
same			
Name of Parent/Guardian or Group Home Representative -OR- Name and Title of Official of State Agency/Court Responsible for Placement (print)		Telephone Number	
Morgan Hughson		(406) 229-0693	
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)			
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:	
		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 CHOICE/PLACEMENT

Student State ID	326373459	District Last Attended	
District of Choice/Placement	District 15	District of Residence	District 9
Individual Making Request	Student Placement		
<input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	<input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement		
First Date of Attendance	Annual Pupil Instruction Days		

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


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

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

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of</u> Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkram</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkram</i></u> Date: <u>8-26-16</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Elwood, Sam	
Grade (for year of attendance) 12	Birth Date Mo 8 Day 1 Year 1998
Student Address #16 Dr. King Rd	City/State/Zip Code Browning, MT 59417
Parent/Guardian Address (if different)	City/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) Tina/Howard Lee	Telephone Number (406) 752-2112
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <u><i>Tina Lee</i></u>	Date: <u>5-10-16</u>
<p>State Agency/Court Request OR Group Home Representative</p> <p>Signature of Official of State Agency/Court/Group Home: _____ Date: _____</p>	

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

Student State ID 790971933	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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: <input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) <input type="checkbox"/> Mandatory	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District-to-District Placement: <input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkram</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkram</i></u> Date: <u>April 29, 2016</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

opi.mt.gov

STUDENT ATTENDANCE AGREEMENT

School Year 20 15 - 20 16
(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.

District of Choice/Placement: 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.

District of Residence: 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 **OR** 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.

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.) <u>Freedenburg, Sierra J</u>		Grade (for year of attendance) <u>3rd</u>	
State ID: <u>212614318</u>	Birth Date (18 year olds are residents) Mo <u>05</u> Day <u>03</u> Year <u>2008</u>		If Kinder (circle one) K Half or K Full
Student Address <u>4841 Wippert Drive</u>		City/State/Zip Code <u>Browning, MT 59417</u>	
District of Residence (Where parent resides--see 1-1-215, MCA) <u>9</u>		What school district should be contacted for student records?	
District of Choice/Placement <u>15</u>	Date Attendance will Begin: <u>8/30/2016</u>	Scheduled Number of Pupil Instruction Days: <u>180</u>	
Individual Making Request: <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency		Student Placement: <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> District to District	
Name of Parent/Guardian -OR- Name and Title of Official of State Agency/Court Responsible for Placement: (print) <u>Amber Freedenburg</u>			Telephone Number <u>(406) 845-2438</u>
Representing (Name and Address of State Agency/Court, if State Agency/Court request)			
Parent Request This agreement will be returned to the parent/guardian after approval/disapproval 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 him or her under the terms of this agreement.			
Signature of Parent/Guardian <u>[Signature]</u>		Date: <u>8/30/2016</u>	
State Agency/Court Request			
Signature of Official of State Agency/Court: _____		Date: _____	

SECTION II: TRANSPORTATION - TO BE COMPLETED BY DISTRICTS OF CHOICE/PLACEMENT AND RESIDENCE

Parties must specify here the responsibilities and costs for transportation. Districts can charge for transporting nonresident students if costs exceed the amount reimbursed to the district by the state and county (i.e., may charge "over-schedule" costs). For parent requests, mileage reimbursements can be provided only for the distance from the home to the closest school or bus stop, less 3 miles each direction, regardless of which school district the student attends.

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

Check all that apply	<p>District of Choice/Placement will provide transportation:</p> <p>In order to claim a non-resident student as an "eligible transportee" for purposes of state and county reimbursement, the approval of the District of Residence is required in Section IV. Without approval, the District of Choice/Placement may not transport the student at state/county expense.</p> <p><input checked="" type="checkbox"/> Bus service, at NO COST</p> <p><input type="checkbox"/> Bus service, charging parents \$ _____ per _____ (attach payment schedule)</p> <p><input type="checkbox"/> Bus service, charging District of Residence \$ _____ per _____ (attach payment schedule)</p> <p><input type="checkbox"/> Bus service, charging State of Montana \$ _____ per year (over-schedule costs only -- attach documentation of costs)</p> <p><input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)</p>
	<p>District of Residence will provide transportation:</p> <p><input type="checkbox"/> Bus service, at NO COST</p> <p><input type="checkbox"/> Bus service, charging parent \$ _____ per _____ (attach payment schedule)</p> <p><input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)</p>

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

"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 residential treatment facilities may include a regular education rate and an additional special rate. In that case, the tuition amount is the sum of the regular ed rate and the special rate.

<input checked="" type="checkbox"/> Tuition is <u>waived</u> . 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: <input type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.			(Parent/Guardian) \$ 0.00
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.			(Parent/Guardian) \$ 0.00
<input type="checkbox"/> 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.			(District of Residence) \$ 0.00
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence. District of Residence will be charged.			(District of Residence) \$ 0.00
State/Court Placement: (includes Parental & State/Court Foster and Group Home Placements) <input type="checkbox"/> 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 Helena MT 59620-2501			(State of Montana) \$ 0.00
District-to-District Placement: (initiated by District of Residence) <input type="checkbox"/> Discretionary - District of Residence will be charged.			(District of Residence) \$ 0.00

SECTION IV: AGREEMENTS AND SIGNATURES


A. DISTRICT OF CHOICE/PLACEMENT - This signature is required for both discretionary and mandatory agreements.
 The Board of Trustees:
 DISAPPROVES APPROVES this application subject to receipt of transportation/tuition charges stated on the application.
 Print Name of Chairperson, Board of Trustees: Dean Barkham
 Signature of Chairperson, District of Choice/Placement: [Signature] Date: 9-13-16

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: _____ Date: _____

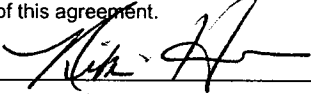
C. SUPERINTENDENT OF PUBLIC INSTRUCTION - This signature is required if the State of Montana will be charged for any costs of tuition or transportation.
MANDATORY ONLY:
 The Superintendent of Public Instruction:
 ACKNOWLEDGES this application and agrees to pay tuition stated in Section III, if any, and 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:
 If PAID BY: District Half by 12/31 and half by 6/15 of year following attendance year
 Parent/guardian During year of attendance, based on payment schedule provided by district policy
 State During year following year of attendance (once claim is submitted in MAEFAIRS)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent</p> <p>opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Hannon, Jacelynn	
Grade (for year of attendance) 7	Birth Date Mo 1 Day 8 Year 2004
Student Address 2 Art Perrine Road	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Nikki/Wes Hannon	Telephone Number (406) 370-6494
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: 	Date: 5.13.16
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 CHOICE/PLACEMENT

Student State ID 342736642	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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: <input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) <input type="checkbox"/> Mandatory	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District-to-District Placement: <input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES

A signature below acknowledges receipt of the student attendance agreement 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 Berkran

Signature of Chairperson, District of Choice/Placement: *Dean Berkran* 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: _____

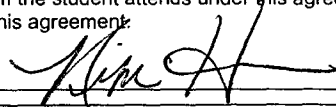
SECTION VI: TIMELINES

Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Hannon, Trysten	
Grade (for year of attendance) 4	Birth Date Mo 1 Day 17 Year 2007
Student Address 2 Art Perrine Road	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Nikki/Wes Hannon	Telephone Number (406) 370-6494
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: 	Date: 5.13.16
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 CHOICE/PLACEMENT

Student State ID 205760593	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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: <input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence. <input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends. <input type="checkbox"/> 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. <input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) <input type="checkbox"/> Mandatory	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District-to-District Placement: <input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkran</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkran</i></u> Date: <u>April 29, 2016</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (<i>ONLY</i> if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> ACKNOWLEDGES receipt of this attendance agreement (<i>ONLY</i> 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: <input type="checkbox"/> 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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Little Dog-Leon, Tristin J.	
Grade (for year of attendance) 2	Birth Date Mo 1 Day 5 Year 2009
Student Address 7 West Blackfoot Road	City/State/Zip Code Browning, MT 59417
Parent/Guardian Address (if different)	City/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) Shanna Little Dog-Leon/Lionel Leon	Telephone Number (406) 450-2152
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian <i>Shanna Little Dog-Leon</i>	Date: 5/31/16
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 CHOICE/PLACEMENT

Student State ID 228611104	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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: <input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student outside district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement: <input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkram</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkram</i></u> Date: <u>April 29, 2016</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin: 0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin: 0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT	
I request that the following student be allowed to attend a school district outside the student's District of Residence.	
Student Name (last, first, middle initial) <u> Lopez, E. John </u>	
Grade (for year of attendance) <u> 1 </u>	Birth Date Mo <u> 5 </u> Day <u> 23 </u> Year <u> 2004 </u>
Student Address <u> 995 US Hwy. 89 </u>	City/State/Zip Code <u> Browning, MT 59417 </u>
Parent/Guardian Address (if different)	City/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) <u> Georgia Matt </u>	Telephone Number <u> 406-229-0709 </u>
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
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: <u> Georgia Matt </u>	Date: <u> 8-19-16 </u>
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 <u> 297371646 </u>	District Last Attended <u> 9 </u>
District of Choice/Placement <u> 15 </u>	District of Residence <u> 9 </u>
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance	Annual Pupil Instruction Days

SECTION III: TRANSPORTATION - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT OF RESIDENCE	
<input type="checkbox"/> NO TRANSPORTATION will be provided. Parent/guardian will transport at own expense. (GO TO SECTION IV)	
Check all that apply	District of Choice/Placement: <input checked="" type="checkbox"/> Bus service, at NO COST <input type="checkbox"/> Bus service, charging parents \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Bus service, charging District of Residence \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Bus service, charging State of Montana \$ _____ per year (over-schedule costs only -- attach documentation of costs) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)
	District of Residence: <input type="checkbox"/> Bus service, at NO COST <input type="checkbox"/> Bus service, charging parent \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student outside district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES

A signature below acknowledges receipt of the student attendance agreement 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 Bergstrom
 Signature of Chairperson, District of Choice/Placement: [Signature] Date: 8-26-16

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: _____

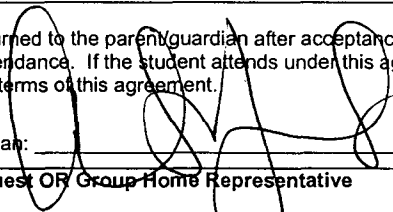
SECTION VI: TIMELINES

Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) McGillis, Stephon D.	
Grade (for year of attendance) 9	Birth Date Mo 10 Day 1 Year 2001
Student Address 4841 Wippert Drive	City/State/Zip Code Browning, MT 59417
Parent/Guardian Address (if different)	City/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) Amber Freedenburg	Telephone Number (406) 845-2438
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: 	Date: 9/1/2016
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 CHOICE/PLACEMENT

Student State ID 938919996	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance	Annual Pupil Instruction Days

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

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: <input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) <input type="checkbox"/> Mandatory	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District-to-District Placement: <input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES

A signature below acknowledges receipt of the student attendance agreement 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 Berkram

Signature of Chairperson, District of Choice/Placement: *Dean Berkram* 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 Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT	
I request that the following student be allowed to attend a school district outside the student's District of Residence.	
Student Name (last, first, middle initial)	Rios, Kaden
Grade (for year of attendance)	KF
Birth Date	Mo 2 Day 24 Year 2011
Student Address	City/State/Zip Code
#2 Bad Eyes Road - Box 670	Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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
Edwina Rios	(406) 564-3418
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
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: <u><i>Edwina Rios</i></u>	Date: <u><i>5-6-2016</i></u>
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	District Last Attended
15	9
District of Choice/Placement	District of Residence
Individual Making Request	Student Placement
<input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	<input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance	Annual Pupil Instruction Days

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

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

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

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: <input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) <input type="checkbox"/> Mandatory	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District-to-District Placement: <input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkram</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkram</i></u> Date: <u>April 29, 2016</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

opi.mt.gov

STUDENT ATTENDANCE AGREEMENT

School Year 20¹⁶ - 20¹⁷

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

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

Student Name (last, first, middle initial)

Running Crane, Kiaya T.

Grade (for year of attendance)

2

Birth Date

Mo 12

Day 15

Year 2008

Student Address

23564 Hwy 2 W

City/State/Zip Code

Cut Bank, MT 59427

Parent/Guardian Address (if different)

City/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)

Ethel Connelly

Telephone Number

(406) 338-7975

Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)

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:

5-6-16

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 CHOICE/PLACEMENT

Student State ID

884235188

District Last Attended

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 BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT OF RESIDENCE

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

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




Montana
Office of Public Instruction
Denise Juneau, State Superintendent

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student outside district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkran</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkran</i></u> Date: <u>April 29, 2016</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Salois, Brittany K.	
Grade (for year of attendance) 10	Birth Date Mo 8 Day 7 Year 2001
Student Address 1 mile west US 89 Marble Rd, PO Box 523 Browning MT 59417	
Parent/Guardian Address (if different) City/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) Karen Marble	Telephone Number (406) 450-3125
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <i>Karen Marble</i>	Date: <i>8/29/2016</i>
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 1	District Last Attended 9
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance	Annual Pupil Instruction Days

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

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:			
<input type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student outside district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkman</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkman</i></u> Date: <u>9-13-16</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent</p> <p>opi.mt.gov</p>	<h2 style="margin: 0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin: 0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial)		Sewell, Trystan Robert Clyde	
Grade (for year of attendance)	6	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 and Title of Official of State Agency/Court Responsible for Placement (print)			Telephone Number
Christina Sims / Bill Sewell			(406) 845-5266
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)			
<p>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.</p>			
Signature of Parent/Guardian:		Date:	
<i>Christina Sims</i>		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 CHOICE/PLACEMENT

Student State ID	694497332	District Last Attended	15
District of Choice/Placement	15	District of Residence	9
Individual Making Request	Student Placement		
<input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	<input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement		
First Date of Attendance	08/30/2016	Annual Pupil Instruction Days	178

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

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES
A signature below acknowledges receipt of the student attendance agreement 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 Berkran

Signature of Chairperson, District of Choice/Placement: *Dean Berkran* 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 Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT	
I request that the following student be allowed to attend a school district outside the student's District of Residence.	
Student Name (last, first, middle initial) Sewell, William Douglas Christian	
Grade (for year of attendance) 7	Birth Date Mo 8 Day 9 Year 2004
Student Address 17 South Hoyt Road	City/State/Zip Code Browning, MT 59417
Parent/Guardian Address (if different)	City/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) Christina Sims / Bill Sewell	Telephone Number (406) 845-5266
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
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: <u><i>Christina Sims</i></u> Date: <u><i>5-28-2016</i></u>	
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 140650108	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

SECTION III: TRANSPORTATION – TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT OF RESIDENCE	
<input type="checkbox"/> NO TRANSPORTATION will be provided. Parent/guardian will transport at own expense. (GO TO SECTION IV)	
Check all that apply	<p>District of Choice/Placement:</p> <input type="checkbox"/> Bus service, at NO COST <input type="checkbox"/> Bus service, charging parents \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Bus service, charging District of Residence \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Bus service, charging State of Montana \$ _____ per year (over-schedule costs only – attach documentation of costs) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)
	<p>District of Residence:</p> <input type="checkbox"/> Bus service, at NO COST <input type="checkbox"/> Bus service, charging parent \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student outside district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES
A signature below acknowledges receipt of the student attendance agreement 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 Berkran

Signature of Chairperson, District of Choice/Placement: *Dean Berkran* 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 Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/Acknowledged Receipt of (Resident District)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) <u>Small, Melody K Alexander T</u>	
Grade (for year of attendance) <u>8</u>	Birth Date Mo <u>01</u> Day <u>28</u> Year <u>2003</u>
Student Address <u>P.O. Box 1706</u>	City/State/Zip Code <u>Brownings, MT 59417</u>
Parent/Guardian Address (if different)	City/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) <u>Melody K. Small</u>	Telephone Number <u>(406) 450 3980</u>
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <u>[Signature]</u> Date: <u>8-26-16</u>	
<p>State Agency/Court Request OR Group Home Representative</p>	
Signature of Official of State Agency/Court/Group Home: _____ Date: _____	

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

Student State ID <u>159824327</u>	District Last Attended <u>9</u>
District of Choice/Placement <u>15</u>	District of Residence <u>9</u>
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance	Annual Pupil Instruction Days

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

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student outside district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkman</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkman</i></u> Date: <u>9-13-16</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

STUDENT ATTENDANCE AGREEMENT

School Year 20¹⁶ - 20¹⁷

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

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

Student Name (last, first, middle initial) <i>Williams, Emily, M</i>	
Grade (for year of attendance) <i>6</i>	Birth Date Mo <i>3</i> Day <i>15</i> Year <i>2005</i>
Student Address <i>1636 US Hwy 464</i>	City/State/Zip Code <i>Browning, MT 59417</i>
Parent/Guardian Address (if different) <i>11</i>	City/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) <i>Ashley & Sterling Williams</i>	Telephone Number <i>338-3539</i>
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
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: <i>Ashley Williams</i>	Date: <i>8-18-16</i>
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 <i>162627468</i>	District Last Attended <i>9</i>
District of Choice/Placement <i>5</i>	District of Residence <i>9</i>
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance	Annual Pupil Instruction Days

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


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

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

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student outside district of residence. →	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends. →	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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. →	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence. →	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) →	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement: →	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Discretionary			

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.	
<p>A. DISTRICT OF CHOICE/PLACEMENT - This signature is required for both discretionary and mandatory agreements The Board of Trustees: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement</p> <p>Print Name of Chairperson, Board of Trustees: <u>Dean Berkram</u> Signature of Chairperson, District of Choice/Placement: <u>[Signature]</u> Date: <u>8-26-14</u></p>	
<p>B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition)</p> <p>Print Name of Chairperson, Board of Trustees: _____ Signature of Chairperson, District of Residence: _____ Date: _____</p>	
<p>C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement) The Superintendent of Public Instruction: <input type="checkbox"/> ACKNOWLEDGES receipt of this attendance agreement</p> <p>Print Name of OPI Representative: _____ Signature of OPI Representative: _____ Date: _____</p>	

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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 2016 - 2017</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN OR OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) <u>Wacey Williams, Wacey McAll</u>	
Grade (for year of attendance) <u>1st</u>	Birth Date Mo <u>02</u> Day <u>12</u> Year <u>2010</u>
Student Address <u>1636 US Hwy 464</u>	City/State/Zip Code <u>Browning, MT 59417</u>
Parent/Guardian Address (if different) <u>"</u>	City/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) <u>Sterling & Ashley Williams</u>	Telephone Number <u>338-3539</u>
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <u>Ashley Williams</u> Date: <u>8-18-16</u>	
<p>State Agency/Court Request OR Group Home Representative</p>	
Signature of Official of State Agency/Court/Group Home: _____ Date: _____	

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

Student State ID <u>540173042</u>	District Last Attended <u>9</u>
District of Choice/Placement <u>15</u>	District of Residence <u>9</u>
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance	Annual Pupil Instruction Days

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

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Bergstrom</u> Signature of Chairperson, District of Choice/Placement: <u>[Signature]</u> Date: <u>8-26-16</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p>School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT	
I request that the following student be allowed to attend a school district outside the student's District of Residence.	
Student Name (last, first, middle initial) Gustafson, Owen	
Grade (for year of attendance) 11	Birth Date Mo 12 Day 29 Year 1999
Student Address 524 Joe Show Road	City/State/Zip Code Browning, MT 59417
Parent/Guardian Address (if different)	City/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) Barr/Colleen Gustafson	Telephone Number (406) 338-5220
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
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: <u><i>Colleen Gustafson</i></u> Date: <u>5-6-16</u>	
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 578145860	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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	<p>District of Choice/Placement:</p> <p><input checked="" type="checkbox"/> Bus service, at NO COST</p> <p><input type="checkbox"/> Bus service, charging parents \$_____ per _____ (attach payment schedule)</p> <p><input type="checkbox"/> Bus service, charging District of Residence \$_____ per _____ (attach payment schedule)</p> <p><input type="checkbox"/> Bus service, charging State of Montana \$_____ per year (over-schedule costs only -- attach documentation of costs)</p> <p><input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)</p> <p>District of Residence:</p> <p><input type="checkbox"/> Bus service, at NO COST</p> <p><input type="checkbox"/> Bus service, charging parent \$_____ per _____ (attach payment schedule)</p> <p><input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)</p>
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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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence <u>provides</u> no bus service or mileage reimbursements.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of</u> Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkman</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkman</i></u> Date: <u>April 29, 2016</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Brugh, Hayden D	
Grade (for year of attendance) 02	Birth Date Mo 07 Day 15 Year 2009
Student Address 9290 Hwy 89 South, Box 2053	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Erica Edwards / Frank Daniels, Sr.	Telephone Number (406) 470-2003
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <u><i>Frank Daniels</i></u> Date: <u><i>6-2-16</i></u>	
<p>State Agency/Court Request OR Group Home Representative</p> <p>Signature of Official of State Agency/Court/Group Home: _____ Date: _____</p>	

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

Student State ID 814170688	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkman</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkman</i></u> Date: <u>May 27, 2016</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (<i>ONLY</i> if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> ACKNOWLEDGES receipt of this attendance agreement (<i>ONLY</i> 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: <input type="checkbox"/> 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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Daniels Jr., Frank Edward	
Grade (for year of attendance) 05	Birth Date Mo 06 Day 22 Year 2006
Student Address 9290 Hwy 89 South, Box 2053	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Erica Edwards / Frank Daniels, Sr.	Telephone Number (406) 470-2003
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <u><i>Frank Daniels</i></u> Date: <u><i>6-2-14</i></u>	
<p>State Agency/Court Request OR Group Home Representative</p> <p>Signature of Official of State Agency/Court/Group Home: _____ Date: _____</p>	

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

Student State ID 292039664	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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: <input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) <input type="checkbox"/> Mandatory	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District-to-District Placement: <input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES

A signature below acknowledges receipt of the student attendance agreement 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 Berkran
 Signature of Chairperson, District of Choice/Placement: *Dean Berkran* Date: May 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: _____ 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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Daniels, Kolby S	
Grade (for year of attendance) 07	Birth Date Mo 10 Day 03 Year 2003
Student Address 9290 Hwy 89 South, Box 2053	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Erica Edwards / Frank Daniels, Sr.	Telephone Number (406) 470-2003
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <i>Frank Daniels</i>	Date: <i>6-2-16</i>
<p>State Agency/Court Request OR Group Home Representative</p> <p>Signature of Official of State Agency/Court/Group Home: _____ Date: _____</p>	

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

Student State ID 393003062	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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: <input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student outside district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) <input type="checkbox"/> Mandatory	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District-to-District Placement: <input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

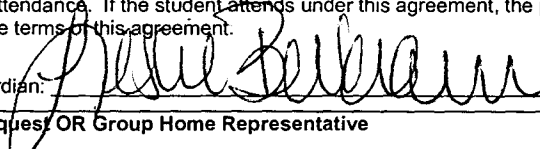
SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement form. If transportation is provided and tuition is not waived, tuition will be charged to the parent/guardian, district of residence or state of Montana as indicated in Sections III and IV above.	
A. DISTRICT OF CHOICE/PLACEMENT - This signature is required for both discretionary and mandatory agreements The Board of Trustees: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkran</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkran</i></u> Date: <u>May 27, 2016</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)

 Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> School Year 20 ¹⁶ - 20 ¹⁷
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Berkram, Dallas	
Grade (for year of attendance) 4	Birth Date Mo 10 Day 31 Year 2006
Student Address 1346 Regan Road	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Leslie/Wade Berkram	Telephone Number (406) 336-2520
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
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: 9/3/16
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 CHOICE/PLACEMENT

Student State ID 102741240	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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

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

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: <input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) <input type="checkbox"/> Mandatory	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District-to-District Placement: <input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES

A signature below acknowledges receipt of the student attendance agreement 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 Berkran

Signature of Chairperson, District of Choice/Placement: *Dean Berkran* 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 Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent</p> <p>opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p>School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Berkram, Wyatt	
Grade (for year of attendance) 7	Birth Date Mo 4 Day 2 Year 2004
Student Address 1346 Regan Road	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Leslie/Wade Berkram	Telephone Number (406) 336-2520
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <i>Leslie Berkram</i>	Date: <i>5/3/16</i>
<p>State Agency/Court Request OR Group Home Representative</p> <p>Signature of Official of State Agency/Court/Group Home: _____ Date: _____</p>	

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

Student State ID 609494590	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student outside district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES
A signature below acknowledges receipt of the student attendance agreement 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 Berkran
 Signature of Chairperson, District of Choice/Placement: *Dean Berkran* 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

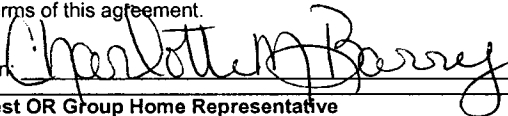
Print Name of OPI Representative: _____
 Signature of OPI Representative: _____ Date: _____

SECTION VI: TIMELINES	
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent</p> <p>opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p>School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Barry, Macee, E.	
Grade (for year of attendance) 10	Birth Date Mo 10 Day 28 Year 2000
Student Address 174 William Johnson Rd	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Charlotte/Walter Barry	Telephone Number (406) 336-2255
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
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 CHOICE/PLACEMENT

Student State ID 999118446	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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: <input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) <input type="checkbox"/> Mandatory	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District-to-District Placement: <input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES
A signature below acknowledges receipt of the student attendance agreement 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 Berkran
 Signature of Chairperson, District of Choice/Placement: [Signature] 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 Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent</p> <p>opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p>School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Barry, Mylee	
Grade (for year of attendance) 4	Birth Date Mo 6 Day 9 Year 2006
Student Address 174 William Johnson Rd	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Charlotte/Walter Barry	Telephone Number (406) 336-2255
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <i>Charlotte M Barry</i>	Date: 5-3-16
<p>State Agency/Court Request OR Group Home Representative</p> <p>Signature of Official of State Agency/Court/Group Home: _____ Date: _____</p>	

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

Student State ID 129050247	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student outside district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES
A signature below acknowledges receipt of the student attendance agreement 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 Berkman

Signature of Chairperson, District of Choice/Placement: *Dean Berkman* 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: _____

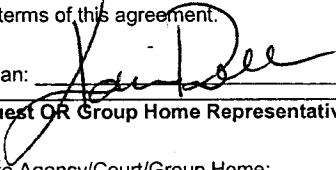
SECTION VI: TIMELINES

Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Dell, Logan	
Grade (for year of attendance) 5	Birth Date Mo 3 Day 6 Year 2005
Student Address 240 Hoyt Road	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Kari/Greg Dell	Telephone Number (406) 336-5050
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: 	Date: 5/11/16
<p>State Agency/Court Request OR Group Home Representative</p>	
Signature of Official of State Agency/Court/Group Home:	Date:

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

Student State ID 319383009	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES
A signature below acknowledges receipt of the student attendance agreement 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 Berkram
 Signature of Chairperson, District of Choice/Placement: *Dean Berkram* 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)

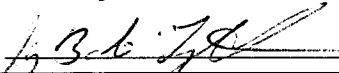
Print Name of Chairperson, Board of Trustees: _____
 Signature of Chairperson, District of Residence: _____ Date: _____

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 Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent</p> <p>opi.mt.gov</p>	<h2 style="margin: 0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin: 0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT	
I request that the following student be allowed to attend a school district outside the student's District of Residence.	
Student Name (last, first, middle initial) Lytle, Taylen Jay	
Grade (for year of attendance) 9	Birth Date Mo 2 Day 15 Year 2002
Student Address 536 Radar Base Rt.	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Jay Bob Lytle	Telephone Number (406) 336-5725
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
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: 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 OF CHOICE/PLACEMENT	
Student State ID 498575978	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

SECTION III: TRANSPORTATION -- TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT OF RESIDENCE	
<input type="checkbox"/> NO TRANSPORTATION will be provided. Parent/guardian will transport at own expense. (GO TO SECTION IV)	
Check all that apply	District of Choice/Placement: <input checked="" type="checkbox"/> Bus service, at NO COST <input type="checkbox"/> Bus service, charging parents \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Bus service, charging District of Residence \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Bus service, charging State of Montana \$ _____ per year (over-schedule costs only -- attach documentation of costs) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)
	District of Residence: <input type="checkbox"/> Bus service, at NO COST <input type="checkbox"/> Bus service, charging parent \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)

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: <input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) <input type="checkbox"/> Mandatory	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District-to-District Placement: <input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES

A signature below acknowledges receipt of the student attendance agreement 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 Berkran

Signature of Chairperson, District of Choice/Placement: *Dean Berkran* 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 Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT	
I request that the following student be allowed to attend a school district outside the student's District of Residence.	
Student Name (last, first, middle initial) Lytle, Taylissa Jayde	
Grade (for year of attendance) 8	Birth Date Mo 6 Day 24 Year 2003
Student Address 536 Radar Base Rt.	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Jay Bob Lytle	Telephone Number (406) 336-5725
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <u><i>Jay Bob Lytle</i></u> Date: <u><i>May 12, 16</i></u>	
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 684750148	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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	<p>District of Choice/Placement:</p> <p><input checked="" type="checkbox"/> Bus service, at NO COST</p> <p><input type="checkbox"/> Bus service, charging parents \$ _____ per _____ (attach payment schedule)</p> <p><input type="checkbox"/> Bus service, charging District of Residence \$ _____ per _____ (attach payment schedule)</p> <p><input type="checkbox"/> Bus service, charging State of Montana \$ _____ per year (over-schedule costs only – attach documentation of costs)</p> <p><input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)</p> <hr/> <p>District of Residence:</p> <p><input type="checkbox"/> Bus service, at NO COST</p> <p><input type="checkbox"/> Bus service, charging parent \$ _____ per _____ (attach payment schedule)</p> <p><input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)</p>
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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: <input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence. <input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends. <input type="checkbox"/> 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. <input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) <input type="checkbox"/> Mandatory	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District-to-District Placement: <input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES
A signature below acknowledges receipt of the student attendance agreement 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 Berkran
Signature of Chairperson, District of Choice/Placement: *Dean Berkran* 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 Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent</p> <p>opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p>School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Seewald, Bauer Edward	
Grade (for year of attendance) 7	Birth Date Mo 9 Day 25 Year 2003
Student Address 250 Landslide Butte Road	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Hapi/JC Seewald	Telephone Number (406) 336-2041
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <i>Hapi Seewald</i>	Date: <i>May 4th, 2016</i>
<p>State Agency/Court Request OR Group Home Representative</p> <p>Signature of Official of State Agency/Court/Group Home: _____ Date: _____</p>	

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

Student State ID 938457045	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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:	<input checked="" type="checkbox"/> Tuition Waived		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:	<input type="checkbox"/> Tuition Waived		\$ _____
<input type="checkbox"/> Discretionary	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkran</u> Signature of Chairperson, District of Choice/Placement: <u>[Signature]</u> Date: <u>April 29, 2016</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Seewald, Brant Clifford	
Grade (for year of attendance) 7	Birth Date Mo 9 Day 25 Year 2003
Student Address 250 Landslide Butte Road	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Hapi/JC Seewald	Telephone Number (406) 336-2041
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <i>Hapi Seewald</i>	Date: <i>May 4th, 2016</i>
<p>State Agency/Court Request OR Group Home Representative</p> <p>Signature of Official of State Agency/Court/Group Home: _____ Date: _____</p>	

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

Student State ID 671180021	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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: <input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence. <input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends. <input type="checkbox"/> 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. <input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) <input type="checkbox"/> Mandatory	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District-to-District Placement: <input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkran</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkran</i></u> Date: <u>April 29, 2016</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (<i>ONLY</i> if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> ACKNOWLEDGES receipt of this attendance agreement (<i>ONLY</i> 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: <input type="checkbox"/> 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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p>School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Seewald, JR Russell	
Grade (for year of attendance) 10	Birth Date Mo 11 Day 14 Year 2000
Student Address 250 Landslide Butte Road	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Hapi/JC Seewald	Telephone Number (406) 336-2041
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <u><i>Hapi Seewald</i></u>	Date: <u><i>May 4th, 2016</i></u>
<p>State Agency/Court Request OR Group Home Representative</p> <p>Signature of Official of State Agency/Court/Group Home: _____ Date: _____</p>	

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

Student State ID 912542374	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of</u> Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkram</u> Signature of Chairperson, District of Choice/Placement: <u>[Signature]</u> Date: <u>April 29, 2016</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (<i>ONLY</i> if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> ACKNOWLEDGES receipt of this attendance agreement (<i>ONLY</i> 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: <input type="checkbox"/> 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)

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p>School Year 20¹⁶ - 20¹⁷</p>
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SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT

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

Student Name (last, first, middle initial) Suta, Katelyn Lee	
Grade (for year of attendance) 5	Birth Date Mo 10 Day 30 Year 2005
Student Address 1282 Boundary Road	City/State/Zip Code Cut Bank, MT 59427
Parent/Guardian Address (if different)	City/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) Raylee Johnson / Blaine Suta	Telephone Number (406) 336-4243
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p>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.</p>	
Signature of Parent/Guardian: <i>R. Johnson</i>	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 CHOICE/PLACEMENT

Student State ID 225222197	District Last Attended 15
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
First Date of Attendance 08/30/2016	Annual Pupil Instruction Days 178

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

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkran</u> Signature of Chairperson, District of Choice/Placement: <u><i>Dean Berkran</i></u> Date: <u>April 29, 2016</u>	
B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)

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:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> 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.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in <u>District of Residence</u> .	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES	
A signature below acknowledges receipt of the student attendance agreement 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.	
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B. DISTRICT OF RESIDENCE The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> 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: <input type="checkbox"/> 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)