

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 11/26/24



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

Date: 11/22/24

To: Rebecca Rappold
 Superintendent

From: Sandra Rivas
Title: Finance Director/District Clerk

Subject: Elementary School Student Attendance Agreement – Cut Bank 2024-2025

Description: Per Tony Koenig, MTSBA, the board is required by MCA 20-5-320 to acknowledge and vote in open session receipt of the attendance agreements.

Cut Bank Schools	
<u>Student Name</u>	<u>Grade</u>
M. Meineke	3
R. Kendal Tailfeathers	4
R. Kaydence Tailfeathers	5

Financial Impact: N/A

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

Superintendent Action: ☐ Approved ☐ Denied ☐ Deferred Initial & date: _____

Comments: _____

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

OUT-OF-DISTRICT ATTENDANCE AGREEMENT (FP-14.1)

School Year 2024 - 2025

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN

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>Meineke, Cassius</u>	Birthdate <u>May 28th 2016</u>
Parent/Guardian Address (physical) <u>10 Bad Eyes Rd. or 6 Joe Shaw Rd. W</u>	
Student Address (group home only) <u>N/A</u>	
Parent/Guardian Signature (or Group Home Manager, in Place of Parent/Guardian) This agreement will be returned to the parent/guardian if accepted by the district of choice. The agreement will specify the costs, if any, such as transportation and other fees for which the parent/guardian may be charged. If the student attends under this agreement, the parent/guardian agrees to pay the applicable costs under the terms of this agreement.	
Signature of Parent/Guardian <u>[Signature]</u> Date: <u>10/08/24</u>	
Contact Phone Number <u>(406) 845-3110</u>	

SECTION II: TO BE COMPLETED BY DISTRICT OF ATTENDANCE

Student State ID <u>570274002</u>	Student Grade <u>3rd</u>
District of Attendance <u>15</u>	District of Residence <u>9</u>
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> District	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> District to District Placement
Enrollment Start Date	Annual Pupil Instruction Days

SECTION III: TRANSPORTATION – TO BE COMPLETED BY DISTRICT OF ATTENDANCE

Transportation may be determined per, 20-5-320(2)(b), MCA:

- Transportation is provided by the parent/guardian;
- Transportation can be provided by agreement of the district of residence and the district of attendance; or
- Transportation is discretionarily provided by the district of attendance.

Select one of the following:

Transportation Provided by Parent/Guardian <input type="checkbox"/> No transportation will be provided by the district of residence or the district of attendance. Parent/guardian will provide transportation
Transportation is Discretionarily Provided by the District of Attendance <input checked="" type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging parent/guardian \$_____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)
Transportation Provided by Agreement of the District of Residence and the District of Choice <input type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging <input type="checkbox"/> parent/guardian OR <input type="checkbox"/> District of Residence \$_____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (3 miles from school/bus stop)

SECTION IV: TUITION COSTS – TO BE COMPLETED BY DISTRICT OF ATTENDANCE

Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition)	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
<input type="checkbox"/> Parent/Guardian Request			
<input type="checkbox"/> Discretionary – Parent/Guardian requests to enroll student outside District of Residence	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mandatory – Student to attend same school system as high school or elementary 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 does not provide transportation	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mandatory – Geographic barrier prohibits attendance in District of Residence	\$ _____	\$ _____	\$ _____

Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition)	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
<input type="checkbox"/> Group Home Placement	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> District to District Placement	\$ _____	\$ _____	\$ _____

SECTION V: AGREEMENTS AND SIGNATURES

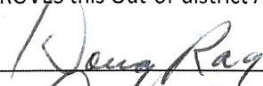
Transportation and tuition will be charged as indicated in Sections III and IV.

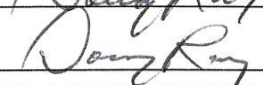
A. DISTRICT OF ATTENDANCE

The Board of Trustees:

____ APPROVES this Out-of-district Attendance Agreement

____ DISAPPROVES this Out-of-district Attendance Agreement

Board Chair 

Signature  Date: 11-12-24

B. DISTRICT OF RESIDENCE

The Board of Trustees:

____ APPROVES this Out-of-district Attendance Agreement

____ DISAPPROVES this Out-of-district Attendance Agreement

____ ACKNOWLEDGES receipt of this Out-of-district Attendance Agreement

Board Chair _____

Signature _____ Date _____

SECTION VI: DISTRICT OF RESIDENCE

District of Residence Determination 1-1-215, MCA (check one):

<input type="checkbox"/>	The residence of the minor's parents.
<input type="checkbox"/>	If one of the parents is deceased or the parents do not share the same residence, the residence of the parent having legal custody.
<input checked="" type="checkbox"/>	If neither parent has legal custody, the residence of the legal guardian or custodian appointed by a court of competent jurisdiction (not a foster parent).
<input type="checkbox"/>	The district of residence for a child following the termination of parental rights and before a permanent placement is accomplished is the physical location of the district court that ordered termination.
<input type="checkbox"/>	The district of residence of a child whose custodial parent is incarcerated is the school district where the custodial parent resided prior to incarceration.
<input type="checkbox"/>	If there are questions concerning legal residency, consult with the agency responsible for the child's placement in the district.
<input type="checkbox"/>	In the case of controversy, the district court has jurisdiction over residence.

OUT-OF-DISTRICT ATTENDANCE AGREEMENT (FP-14.1)

School Year 2024 - 2025

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN

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)	Vailfeather Rose Kandi	Birthdate	11-04-24
Parent/Guardian Address (physical)	57 Elderly Rd H #5519 Browning MT 59417		
Student Address (group home only)			
Parent/Guardian Signature (or Group Home Manager, in Place of Parent/Guardian)			
This agreement will be returned to the parent/guardian if accepted by the district of choice. The agreement will specify the costs, if any, such as transportation and other fees for which the parent/guardian may be charged. If the student attends under this agreement, the parent/guardian agrees to pay the applicable costs under the terms of this agreement.			
Signature of Parent/Guardian	Date:		9-5-24
Contact Phone Number			

SECTION II: TO BE COMPLETED BY DISTRICT OF ATTENDANCE

Student State ID	343541467	Student Grade	4
District of Attendance	15	District of Residence	9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> District	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> District to District Placement		
Enrollment Start Date	Annual Pupil Instruction Days		

SECTION III: TRANSPORTATION – TO BE COMPLETED BY DISTRICT OF ATTENDANCE

Transportation may be determined per, 20-5-320(2)(b), MCA:

- Transportation is provided by the parent/guardian;
- Transportation can be provided by agreement of the district of residence and the district of attendance; or
- Transportation is discretionarily provided by the district of attendance.

Select one of the following:

Transportation Provided by Parent/Guardian <input checked="" type="checkbox"/> No transportation will be provided by the district of residence or the district of attendance. Parent/guardian will provide transportation
Transportation is Discretionarily Provided by the District of Attendance <input type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging parent/guardian \$_____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)
Transportation Provided by Agreement of the District of Residence and the District of Choice <input type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging <input type="checkbox"/> parent/guardian OR <input type="checkbox"/> District of Residence \$_____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (3 miles from school/bus stop)

SECTION IV: TUITION COSTS – TO BE COMPLETED BY DISTRICT OF ATTENDANCE

Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition)	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
<input type="checkbox"/> Parent/Guardian Request			
<input type="checkbox"/> Discretionary – Parent/Guardian requests to enroll student outside District of Residence	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mandatory – Student to attend same school system as high school or elementary 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 does not provide transportation	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mandatory – Geographic barrier prohibits attendance in District of Residence	\$ _____	\$ _____	\$ _____

Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition)	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
<input type="checkbox"/> Group Home Placement	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> District to District Placement	\$ _____	\$ _____	\$ _____

SECTION V: AGREEMENTS AND SIGNATURES

Transportation and tuition will be charged as indicated in Sections III and IV.

A. DISTRICT OF ATTENDANCE

The Board of Trustees:

☒ APPROVES this Out-of-district Attendance Agreement

_____ DISAPPROVES this Out-of-district Attendance Agreement

Board Chair Doug Ray

Signature: Doug Ray Date: 10-8-24

B. DISTRICT OF RESIDENCE

The Board of Trustees:

_____ APPROVES this Out-of-district Attendance Agreement

_____ DISAPPROVES this Out-of-district Attendance Agreement

_____ ACKNOWLEDGES receipt of this Out-of-district Attendance Agreement

Board Chair _____

Signature _____ Date _____

SECTION VI: DISTRICT OF RESIDENCE

District of Residence Determination 1-1-215, MCA (check one):

<input checked="" type="checkbox"/>	The residence of the minor's parents.
<input type="checkbox"/>	If one of the parents is deceased or the parents do not share the same residence, the residence of the parent having legal custody.
<input type="checkbox"/>	If neither parent has legal custody, the residence of the legal guardian or custodian appointed by a court of competent jurisdiction (not a foster parent).
<input type="checkbox"/>	The district of residence for a child following the termination of parental rights and before a permanent placement is accomplished is the physical location of the district court that ordered termination.
<input type="checkbox"/>	The district of residence of a child whose custodial parent is incarcerated is the school district where the custodial parent resided prior to incarceration.
<input type="checkbox"/>	If there are questions concerning legal residency, consult with the agency responsible for the child's placement in the district.
<input type="checkbox"/>	In the case of controversy, the district court has jurisdiction over residence.

OUT-OF-DISTRICT ATTENDANCE AGREEMENT (FP-14.1)

School Year 2024 - 2025

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN

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)	Vaifeng Rose Kaydance	Birthdate	10-28-13
Parent/Guardian Address (physical)	37 Elderly Rd H #5519 Browning MT 59417		
Student Address (group home only)			
Parent/Guardian Signature (or Group Home Manager, in Place of Parent/Guardian)			
This agreement will be returned to the parent/guardian if accepted by the district of choice. The agreement will specify the costs, if any, such as transportation and other fees for which the parent/guardian may be charged. If the student attends under this agreement, the parent/guardian agrees to pay the applicable costs under the terms of this agreement.			
Signature of Parent/Guardian	Date:		9-5-24
Contact Phone Number			

SECTION II: TO BE COMPLETED BY DISTRICT OF ATTENDANCE

Student State ID	182453464	Student Grade	5
District of Attendance	15	District of Residence	4
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> District	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> District to District Placement		
Enrollment Start Date	Annual Pupil Instruction Days		

SECTION III: TRANSPORTATION – TO BE COMPLETED BY DISTRICT OF ATTENDANCE

Transportation may be determined per, 20-5-320(2)(b), MCA:

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Transportation is Discretionarily Provided by the District of Attendance <input type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging parent/guardian \$_____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)
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<input type="checkbox"/> Mandatory – Geographic barrier prohibits attendance in District of Residence	\$ _____	\$ _____	\$ _____

Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition)	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
<input type="checkbox"/> Group Home Placement	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> District to District Placement	\$ _____	\$ _____	\$ _____

SECTION V: AGREEMENTS AND SIGNATURES

Transportation and tuition will be charged as indicated in Sections III and IV.

A. DISTRICT OF ATTENDANCE

The Board of Trustees:

☒ APPROVES this Out-of-district Attendance Agreement
☐ DISAPPROVES this Out-of-district Attendance Agreement

Board Chair

Signature

Doug Ray
Doug Ray

Date:

10-8-24

B. DISTRICT OF RESIDENCE

The Board of Trustees:

☐ APPROVES this Out-of-district Attendance Agreement
☐ DISAPPROVES this Out-of-district Attendance Agreement
☐ ACKNOWLEDGES receipt of this Out-of-district Attendance Agreement

Board Chair

Signature

Date

SECTION VI: DISTRICT OF RESIDENCE

District of Residence Determination 1-1-215, MCA (check one):

<input checked="checked" type="checkbox"/>	The residence of the minor's parents.
<input type="checkbox"/>	If one of the parents is deceased or the parents do not share the same residence, the residence of the parent having legal custody.
<input type="checkbox"/>	If neither parent has legal custody, the residence of the legal guardian or custodian appointed by a court of competent jurisdiction (not a foster parent).
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<input type="checkbox"/>	The district of residence of a child whose custodial parent is incarcerated is the school district where the custodial parent resided prior to incarceration.
<input type="checkbox"/>	If there are questions concerning legal residency, consult with the agency responsible for the child's placement in the district.
<input type="checkbox"/>	In the case of controversy, the district court has jurisdiction over residence.