

Browning Public Schools

Board Agenda Request

Meeting To Be Held: September 28, 2017



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

Date: September 19, 2017

To: Corrina Guardipee-Hall
 Superintendent of Schools

From: Stacy Edwards
Title: Director of Finance

Subject: **Student Attendance Agreement 2017-2018**

Description: Attendance Agreement with Cut Bank Public Schools

Justification (District Goals: The tuition is waived

Financial Impact: None

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

Attachment(s): Student Attendance Agreement

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

Comments: _____

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

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

Wendy Bremner
Browning Public Schools
PO Box 610
Browning, MT 59417

September 13, 2017

Dear Ms. Bremner,

Enclosed are 2 Student Attendance Agreement forms for Cut Bank School District #15. Please sign both forms and return them in the enclosed envelope.

Thank you,

Shirley A. Gage
Cut Bank School District #15 Secretary
sgage@cutbankschools.net
406-873-2229 ext. 6



Montana
Office of Public Instruction
Denise Juneau, State Superintendent
opi.mt.gov

STUDENT ATTENDANCE AGREEMENT

School Year 2017 - 2018
(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>Cadotte, Ronnie, J.</u>		Grade (for year of attendance) <u>2nd</u>
State ID: <u>546109609</u>	Birth Date (18 year olds are residents) Mo <u>10</u> Day <u>07</u> Year <u>2009</u>	If Kinder (circle one) K Half or K Full
Student Address <u>5014 College Homes</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? <u>#9 Browning</u>
District of Choice/Placement <u>Glacier #15</u>	Date Attendance will Begin: <u>8-30-17</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>Mallory Mithens</u>		Telephone Number <u>338-7118 00229-5802</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: Mallory Mithens Date: 8-30-17

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	District of Choice/Placement will provide transportation: 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.
	<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 will provide transportation:
	<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

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) <u>Matthews, Sean Ryan</u>		Birth Date Mo <u>8</u> Day <u>9</u> Year <u>2003</u>	
Grade (for year of attendance) <u>9th</u>	City/State/Zip Code <u>Browning MT 59417</u>		
Student Address <u>PO Box 2368</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>Stephanie Vieille</u>		Telephone Number <u>817 6009915</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>Stephanie Vieille</u>		Date <u>8/15/17</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>696982397</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 <u>8/30/17</u>	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)
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"/> 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)



Montana
Office of Public Instruction
Denise JunEAU, State Superintendent

3003-2013