

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 04/26/17



-
- 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: 04/05/17

To: **Board of Trustees**
 Browning Public Schools

From: Mr. Rouse
Title: Superintendent

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

Description: We need approval for our Student Attendance Agreements 2017-18

Financial Impact: \$

Funding Source (Budget/grant, etc.):

Attachment(s): Student Attendance Agreement 2017-18 forms.

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

Comments: _____

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

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent</p> <p>opi.mt.gov</p>	<p>STUDENT ATTENDANCE AGREEMENT</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>Boggs, Jacob D</u>	
Grade (for year of attendance) <u>8th</u>	Birth Date Mo <u>8</u> Day <u>25</u> Year <u>03</u>
Student Address <u>508 meade st.</u>	City/State/Zip Code <u>East Helena Park, MT 59434</u>
Parent/Guardian Address (if different) <u>Dina Alberg</u>	City/State/Zip Code <u>East Helena Park MT 59434</u>
Name of Parent/Guardian or Group Home Representative -OR- Name and Title of Official of State Agency/Court Responsible for Placement (print) <u>Dina Alberg</u>	Telephone Number <u>450-2727</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>Dina Alberg</u>	Date: <u>4-7-17</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	District Last Attended
District of Choice/Placement	District of Residence
Individual Making Request <input 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 OR 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 type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input 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"/> 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. SIGNATURES AND APPROVALS	
<p>A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement</p> <p>Print Name of Chairperson, Board of Trustees: _____ Signature of Chairperson, District of Choice/Placement: _____ Date: _____</p>	
<p>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 checked="" 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)</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. DATES	
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

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>Kinsley Fish</i>		
Grade (for year of attendance) Pre-K <i>Pre-K</i>	Birth Date Mo <i>9</i> Day <i>23</i> Year <i>2011</i>	
Student Address <i>PO Box 1584</i>	City/State/Zip Code <i>Browning MT 59417</i>	
Parent/Guardian Address (if different) <i>PO Box 1584</i>	City/State/Zip Code <i>Browning MT 59417</i>	
Name of Parent/Guardian or Group Home Representative -OR- Name and Title of Official of State Agency/Court Responsible for Placement (print) <i>Daniel Fish</i>	Telephone Number <i>406 4505868</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)		
<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>D. Fish</i>		Date: <i>4/6/17</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 PUBLIC PLACEMENT

Student State ID	District Last Attended
District of Choice/Placement	District of Residence
Individual Making Request <input 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 PUBLIC PLACEMENT AND DISTRICT OF RESIDENCE

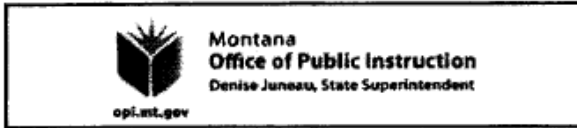
NO TRANSPORTATION will be provided. Parent/guardian will transport at own expense. (GO TO SECTION IV)

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 II - 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 type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input 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 III - APPROVALS AND SIGNATURES	
<p>A. DISTRICT OF CHOICE/PLACEMENT - This signature is required for both discretionary and mandatory agreements The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement</p> <p>Print Name of Chairperson, Board of Trustees: _____ Signature of Chairperson, District of Choice/Placement: _____ Date: _____</p>	
<p>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 checked="" 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)</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 IV - DATES	
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/Acknowledged Receipt of (Resident District)



STUDENT ATTENDANCE AGREEMENT

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>Wagner Autumn D</i>		Birth Date	
Grade (or year of attendance) <i>1</i>		Mo	Day Year
Student Address <i>517 Marie St</i>		City/State/Zip Code <i>East Glacier MT 59434</i>	
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) <i>Ed & Marla Fish</i>		Telephone Number <i>406-226-9144</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>Edward Fish</i>		Date: <i>4-9-15</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 OR DISTRICT OF RESIDENCE

Student State ID	District Last Attended
District of Choice/Placement	District of Residence
Individual Making Request <input 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 TO BE COMPLETED BY DISTRICT OF CHOICE OR 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 type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input 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 - ACCEPTANCE AND SIGNATURES

A. DISTRICT OF CHOICE/PLACEMENT - This signature is required for both discretionary and mandatory agreements

- The Board of Trustees:
 APPROVES this attendance agreement
 DISAPPROVES this attendance agreement

Print Name of Chairperson, Board of Trustees: _____
 Signature of Chairperson, District of Choice/Placement: _____ Date: _____

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 - DATES RECEIVED

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 2010-2011

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) Wagner, Chase Sundown	
Grade (for year of attendance) 4th	Birth Date Mo 2 Day 27 Year 07
Student Address Box 311	City/State/Zip Code E. Glacier, MT 59437
Parent/Guardian Address (if different) Same	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) Mark Knopf	Telephone Number 226-9144
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: 4/5/10
State Agency/Court Request OR Group Home Representative	
Signature of Official of State Agency/Court/Group Home: _____	Date: _____

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

Student State ID	District Last Attended
District of Choice/Placement	District of Residence
Individual Making Request <input 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 type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input 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			

<p>A. DISTRICT OF CHOICE/PLACEMENT - This signature is required for both discretionary and mandatory agreements The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement</p> <p>Print Name of Chairperson, Board of Trustees: _____ Signature of Chairperson, District of Choice/Placement: _____ Date: _____</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 checked="" 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>	

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 2017-2018

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>Dalynn S Wagner</i>	
Grade (for year of attendance) <i>6th</i>	Birth Date Mo <i>8</i> Day <i>10</i> Year <i>2005</i>
Student Address <i>517 Main Street</i>	City/State/Zip Code <i>S. Glacier</i>
Parent/Guardian Address (if different) <i>Main Street</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>Marta Wagner</i>	Telephone Number <i>226-9144</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>Marta Wagner</i>	Date: <i>3/31/17</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	District Last Attended
District of Choice/Placement	District of Residence
Individual Making Request <input 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

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 type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.	<input 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)

A. DISTRICT OF CHOICE/PLACEMENT - This signature is required for both discretionary and mandatory agreements
 The Board of Trustees:
 APPROVES this attendance agreement
 DISAPPROVES this attendance agreement

Print Name of Chairperson, Board of Trustees: _____
 Signature of Chairperson, District of Choice/Placement: _____ Date: _____

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 V - DATES	
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)