Browning Public Schools

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

Recognit	tion: Students	Staff	Parents		
Informat	tion:	Old Business	☐ Superintendent's Report		
Action:	Resignation	Hiring	Contract Service Agreements		
	Travel Out-of-State	Travel In State			
	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		r. Rouse perintendent		
Subject:	Student Attendance Agreen	nent 2017-2018 school yea	ar		
Descripti	ion: We need approval for our	Student Attendance Agree	ements 2017-18		
Financia	l Impact: \$				
Funding	Source (Budget/grant, etc.):				
Attachm	ent(s): Student Attendance A	greement 2017-18 forms.			
Approval: Superintendent's Office/Finance/Personnel as applicable (Initial)					
Comments:					
Board A					

Montana Office of Public instruction Denise Juneau, State Superintendent	STUDENT ARTENDAMOE AGAET WENT Susan har an
KD995. Jacob J	OLAN OR OFFICIAL OF STATE ASENCYCOUR
I request that the following student be allowed to attend a school district	
Student Name (last, first, middle initial)	
Grade (for year of attendance)	Birth Date Mo S Day 25 Year 03
Student Address 508 magde St	East Celauer Park, mt 594
Parent/Guardian Address (if different)	E C ST Colocias Park MT 594
Name of Parent/Guardian or Group Home Representative -OR- Name Responsible for Placement (print)	and Title of Official of State Agency/Court Telephone Number
Representing (name and address of state agenty/court/group home if	state agency/court request OR completed by group home manager on behalf of
parent/guardian)	sale agoney, court request on completed by group name manager on committee
	e by the district of choice and will specify the costs, if any, which will be charged to greement, the parent/guardian agrees to pay the costs, if any, charged to the
Signature of Parent/Guardian:	Date: 4 - 7 - 1 7
State Agency/Court Request OR Group Home Representative	
Signature of Official of State Agency/Court/Group Home:	Date:
SECTIONAL TO DECEMBLE TED BY DELINET OF S	240 Table 9
Student State ID	District Last Atlended
District of Choice/Placement	District of Residence
Individual Making Request	Student Placement
Parent/Guardian Court	Group Home Placement Foster Home Placement
State Agency	District to District Placement
First Date of Attendance	Annual Pupil Instruction Days
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NO TRANSPORTATION will be provided. Parent/guardian	will transport at own expense. (GO TO SECTION IV)
District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$ per Bus service, charging District of Residence \$ per Bus service, charging State of Montana \$ per years.	(attach payment schedule)
District of Residence: □ Bus service, at NO COST	
	(attach payment schedule)

District of Residence:

Bus service, at NO COST
Bus service, charging parent \$ _______ (attach payment schedule)

Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)

TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount payee in parenthesis)		
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition					
Parent/Guardian Request:	Tuition Waived				
☐ Discretionary - Parent/Guardian requests to enroll student outside district of residence.			\$(Parent/Guardian)		
☐ Mandatory - Elementary student to attend where high school age sibling(s) attends.	Tuition Waived		S(Parent/Guardian)		
☐ Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	D \$	\$_ (District of Residence)		
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	D \$	\$(District of Residence)		
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)		s	\$(State of Montana)		
District-to-District Placement:					
□ Discretionary	Tuition Waived	\$	S(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:					
SECTIONS INCES					
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Appro (District of Choice/Place	oved/Disapproved cement)			
Date Agreement Received (Resident District) Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)					





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Stuc		w/Stat	Mo 7 Day A	3 Year 2011		
	PO Box 1584 Brow	Ma.	129 MT 594	47		
Pare	ont/Guardian Address (if different) O BOX 1584 Brown	ty/Stat	e/Zip Code 19 MT 594 e/Zip Code 19 MT 5941	7		
Nam	ne of Parent/Guardian or Group Home Representative -OR- Name and Toponsible for Placement (print)	itle of	Official of State Agency/Court	Telephone Number		
	Daniel Fish			406 450 5868		
Rep	resenting (name and address of state agency/court/group home, if state nt/guardian)	agen	cy/court request OR completed by o	group home manager on behalf of		
This	ent Request agreement will be returned to the parent/guardian after acceptance by to barent/guardian for attendance. If the student attends under this agreement/guardian under the terms of this agreement.	he dis ent, ti	trict of choice and will specify the co he parent/guardian agrees to pay th	osts, if any, which will be charged to ne costs, if any, charged to the		
Sign	ature of Parent/Guardian:		Date:	4/6/17		
State	Agency/Court Request OR Group Home Representative			7		
Sign	ature of Official of State Agency/Court/Group Home:			Date:		
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3100	ent State ID	Dist	rict Last Attended			
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	☐ NO TRANSPORTATION will be provided. Parent/guardian will transport at own expense. (GO TO SECTION IV)					
Check all that apply	District of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$	ch pay	/ment schedule) _ (attach payment schedule) :hedule costs only – attach docume	entation of costs)		
Check a	District of Residence: Bus service, at NO COST Bus service, charging parent \$ per(attact Mileage reimbursement to the parent/guardian under a TR-4 Individe	n payr lual T	nent schedule) ransportation Contract (over 3 mile:	s from school or bus stop)		



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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 Amount of Regular Ed</u> , Special Rate and Total Tuition				
Parent/Guardian Request:	Tuition Waived			
☐ Discretionary - Parent/Guardian requests to enroll student outside district of residence.	_ \$		\$(Parent/Guardian)	
☐ Mandatory - Elementary student to attend where high school age sibling(s) attends.	Tuition Waived		\$(Parent/Guardian)	
☐ Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	□ \$	S_ (District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	\$	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)		s	\$(State of Montana)	
District-to-District Placement: □ Discretionary	☐ Tuition Waived ☐ \$	- \$	\$ (District of Residence)	
A. DISTRICT OF CHOICE/PLACEMENT – This signature is re				
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:				
SEL KIM WE MALL WAS				
Date Initial Agreement Received Date Agreement Approved/Disapproved (District of Choice/Placement)				
Date Agreement Received (Resident District)	Date Agreement Appro Acknowledged Receipt			



STUDENT ATTENDANCE LORETMENT

THE REAL PROPERTY.	CAIDSI I TO BE COMPLETED BY PARENT/GLASDIAN	OF PERCHASION OF DEVELOPERS AREAS AREAS.
I req	uest that the following student be allowed to attend a school district outs ent Name (last, first, middle initial)	ide the student's District of Residence.
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Giac	e (lowyear of attendance)	
Stud	ent Address Cit	Mo Day Year //State/Zip Code
	nt/Guardian Address (if different)	STALLS WILLIAM STALLS
Pare	nt/Guardian Address (if different)	//State/Zip Code
	e of Parent/Guardian or Group Home Representative -OR- Name and T	itle of Official of State Agency/Court Telephone Number
	onsible for Placement (print)	
9	ds Maria FISh	agency/court request OR completed by group home manager on behalf of
Repr	esenting (name and address of state agency/court/group home, if state	agency/court request OR completed by group home manager on behalf of
pare	nt/guardian)	
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		ne district of choice and will specify the costs, if any, which will be charged to
	arent/guardian for attendance. If the student attends under this agreem nt/guardian under the terms of this agreement.	ent, the parent/guardian agrees to pay the costs, if any, charged to the
pare	Dydardian direct the terms of this agreement.	0 15
Sign	ature of Parent/Guardian:	Date: 4-9-1
State	a Agency/Court Request OR Group Home Representative	·
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Sign	ature of Official of State Agency/Court/Group Home:	Date.
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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	100				
Parent/Guardian Request:	Tuition Waived				
☐ Discretionary - Parent/Guardian requests to enroll student outside	C \$		s		
district of residence.			(Parent/Guardian)		
☐ Mandatory - Elementary student to attend where high school age sibling(s) attends.	Tuition Walved		\$(Parent/Guardian)		
☐ Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence provides	☐ Tuition Waived	D \$	\$(District of Residence)		
no bus service or mileage reimbursements.			(District of recording)		
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State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	- \$	D \$	\$(State of Montana)		
District-to-District Placement:	☐ Tuition Waived				
□ Discretionary	☐ Tuition Waived	- \$	\$(District of Residence)		
A. DISTRICT OF CHOICE/PLACEMENT – This signature is re The Board of Trustees: APPROVES this attendance agreement DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees:	quired for both discretion		pements		
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:					
8 E 1 3 (1841 A) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	v <u>.</u>				
Date Initial Agreement Received (District of Choice/Placement)		Date Agreement Approved/Disapproved (District of Choice/Placement)			
Date Agreement Received (Resident District)	Date Agreement Appro Acknowledged Receipt				





STUDENT ATTENDANCE AGREEMENT

SEIGTION 1/ TIES BE COMMITTED BY PARENT/OUARDIA I request that the following student be allowed to attend a school district out		ENERGOURT
Student Name (last, first, middle initial)	side the student's District of Residence.	
Grade (to) year of attendance)	Birth Date	
Grade (11) year or alternative)	Mo 2 Day 2	7 year 07
Student Address	ty/State/Zip Code	· rear /
Box 341	ty/State/zip Code Clacker, Mt 5	9431
Parent/Guardian Address (if different)	ty/State/Zip Code	
Name of Parent/Guardian or Group Home Representative -OR- Name and	Fitle of Official of State Agency/Court	Telephone Number
Responsible for Placement (print)		236-9144
Representing (name and address of state agency/court/group home, if state parent/guardian)	agency/court request OR completed by g	roup home manager on behalf of
,		
Parent Request This agreement will be returned to the parent/guardian after acceptance by the parent/guardian for attendance. If the student attends under this agreement/guardian under the terms of this agreement.	the district of choice and will specify the conent, the parent/guardian agrees to pay the	osts, if any, which will be charged to e costs, if any, charged to the
Signature of Parent/Guardian:	Date:	9/5/10
State Agency/Court Request OR Group Home Representative		
Signature of Official of State Agency/Court/Group Home:		Date:
SÉCTIÓN IN TO BE COMPLETED BY DE LECTION BEGIN	GEREAUSMENT	
Student State ID	District Last Attended	The second secon
District of Choice/Placement	District of Residence	
	District of Nesseeries	
Individual Making Request	Student Placement	
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State Agency	Foster Home Placement ' District to District Placement	
First Date of Attendance	Annual Pupil Instruction Days	
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NO TRANSPORTATION will be provided. Parent/guardian will to	respect at our eveness (CO TO S	ECTION NO
	ransport at own expense. (GO TO S	ection (v)
T Bus service charging District of Residence \$ per	ch payment schedule) (attach payment schedule) over-schedule costs only — attach docume dual Transportation Contract (over 3 miles	entation of costs) s from school or bus stop)
Bus service, charging State of Montana \$per year (or	h payment schedule) dual Transportation Contract (over 3 miles	s from school or bus stop)

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Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition			4- 4-1-2		
Parent/Guardian Request:	Tuition Waived				
☐ Discretionary - Parent/Guardian requests to enroll student outside district of residence.			\$(Parent/Guardian)		
☐ Mandatory - Elementary student to attend where high school age sibling(s) attends.	Tuition Waived		\$(Parent/Guardian)		
☐ Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	s	\$ (District of Residence)		
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Waived	s	\$(District of Residence)		
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements) Mandatory	 \$	D \$	\$(State of Montana)		
District-to-District Placement: □ Discretionary	☐ Tuition Waived	□ \$	\$(District of Residence)		
A. DISTRICT OF CHOICE/PLACEMENT – This signature is re 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:			eements		
Signature of Champerson, District of Cholcer (acement.		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:	Signature of OPI Representative: Date:				
\$ECTION OF THE REAL S					
Date Initial Agreement Received (District of Choice/Placement)	ved/Disapproved ement)				
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)				





STODENT ATTENDANCE AGREEMENT School very 25

1567	TO ME TO BE COMPLETED BY BARBARADA AND ALL	FOR CORRESPOND DECEMBER ASSESSMENT TO PROPERTY.			
I request that the following student be allowed to attend a school district outside the student's District of Residence.					
Studen	t Name (last, first, middle initial)				
Capac	alynn S Wagner	Didb Date			
Grade	((or year of attendance)	Birth Date Mo Day (O Year 3005			
Studen	t Address Cit	Mo O Day / O Year / O O			
51	7 Marin Street	2. Slacin			
Parent/	Guardian Address (if different) Cit	y/State/Zip Code			
M	aute Trigge De				
Name o	of Parent/Guardian or Group Horde Representative -OR- Name and T nsible for Plapescent (print)	1			
YV	all	226-9144			
		agency/court request OR completed by group home manager on behalf of			
parent/g	guardian)				
	Request reement will be returned to the parent/quardian after acceptance by the	he district of choice and will specify the costs, if any, which will be charged to			
the pare	ent/guardian for attendance. If the student attends under this agreem	ent, the parent/guardian agrees to pay the costs, if any, charged to the			
parent/g	guardian under the terms of this agreement	-1.10			
Signatu	re of Parent/Guardian:				
State A	gency/Court Request OR Group Home Representative				
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Signatu	re of Official of State Agency/Court/Group Home:	Date:			
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Student	(ĎN II. JANDE ŠCIVILLERED DV CHRITRICE DV CHRIT State ID	District Last Attended			
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	State ID	District Last Attended			
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District of	State ID of Choice/Placement al Making Request irent/Guardian	District Last Attended District of Residence Student Placement			
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Individua Pa	State ID of Choice/Placement al Making Request irent/Guardian	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement			
Individua Pa	State ID of Choice/Placement al Making Request arent/Guardian urt ste Agency	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement			
Individua Pa Co	State ID of Choice/Placement al Making Request arent/Guardian urt ate Agency te of Attendance	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days			
Individua Pa Co	State ID of Choice/Placement al Making Request arent/Guardian urt ste Agency te of Attendance	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement			
District of Individual Pa Co. Ster First Date	State ID of Choice/Placement al Making Request arent/Guardian urt ate Agency te of Attendance	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days			
District of Individual Pa Cool State First Date	State ID of Choice/Placement al Making Request arent/Guardian urt ate Agency te of Attendance	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days			
District of Individual Pa Co Sta First Dal	State ID of Choice/Placement al Making Request irent/Guardian urt ste Agency te of Attendance TRANSPORTATION will be provided. Parent/guardian will tr istrict of Choice/Placement: Bus service, at NO COST	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days ansport at own expense. (GO TO SECTION IV)			
District of Individual Pa Co Sta First Dal	State ID of Choice/Placement al Making Request irent/Guardian urt site Agency te of Attendance TRANSPORTATION will be provided. Parent/guardian will tr istrict of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days ansport at own expense. (GO TO SECTION IV)			
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District of Individual III A South III A S	State ID of Choice/Placement al Making Request arent/Guardian urt ate Agency te of Attendance TRANSPORTATION will be provided. Parent/guardian will tr istrict of Choice/Placement: Bus service, at NO COST Bus service, charging parents \$	District Last Attended District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days ch payment schedule) (attach payment schedule) ver-schedule costs only — attach documentation of costs) dual Transportation Contract (over 3 miles from school or bus stop)			

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TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)	
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition	1	_		
Parent/Guardian Request:	Tuition Waived		1	
☐ Discretionary - Pare:nt/Guardian requests to enroll student outside district of residence.	Ö \$		S(Parent/Guardian)	
☐ Mandatory - Elementary student to attend where high school age sibling(s) attends.	Tuition Waived		\$(Parent/Guardian)	
☐ Mandatory Student ves closer to school of choice and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	Tuition Waived	D \$	S (District of Residence)	
☐ Mandatory - Geographic barrier prohibits attendance in District of Residence.	Tuition Walved	s	\$(District of Residence)	
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	\$	D \$	\$(State of Montana)	
District-to-District Placement:	☐ Tuition Waived			
□ Discretionary		D \$	S(District of Residence)	
BERT FOR HELDE BERT BERT BERT BERT BERT BERT BERT BER		Salahan ay karana ay ar		
-	quired for both discretio		reements	
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:				
25E 0.3 × 201 (4) × 20dE 1. (50E 5				
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Approved/Disapproved (District of Choice/Placement)			
	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)			