

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 9/26/19



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: 9/17/19

To: **Corrina Guardipee-Hall**
 Superintendent

From: Teri DeRoche
Title: Director of Transportation

Subject: **Student Attendance Agreement 2019-2020**

Description: Request approval for Academy student to ride Blackfoot Bus from Cut Bank bus turnaround at Lewis turn off.

Financial Impact: NA

Funding Source (Budget/grant, etc.): NA

Attachment(s): Student Attendance Agreements

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

Comments: _____

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

STUDENT ATTENDANCE AGREEMENT (FP-14)

School Year 2019 - 2020

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>Michaels, Calob, C</i> | |
| Birthdate | |
| Student Address <i>P.O. Box ... Browning mt</i> | |
| Parent/Guardian Address <i>u)</i> | |
| Individual Responsible for Placement | |
| Relationship to Student <i>Mother</i> | Phone Number |
| Agency Responsible for Placement: <i>School district 9</i> | |
| Address (include city, state and zip code): <i>Browning mt 59417</i> | |
| Parent Signature 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>Michele August</i> | Date: <i>9-16-19</i> |
| State Agency/Court Request OR Group Home Representative Signature Signature of Official of State Agency/Court/Group Home: _____ Date: _____ | |

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

| | |
|---|---|
| Student State ID | Student Grade <i>12</i> |
| District of Choice/Placement <i>Browning Public Schools</i> | District of Residence <i>Out Bank Public Schools</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 |
| Enrollment Start Date <i>8-26-19</i> | Annual Pupil Instruction Days <i>180</i> |

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)

| |
|---|
| Transportation Provided by District of Choice/Placement <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"/> 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 (3 miles from school/bus stop) |
| Transportation Provided by District of Residence <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) |

SECTION IV: TUITION COSTS – TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT

| 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) |
|---|--|-----------------------------------|--|
| Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence | <input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____ | | \$ _____ (Parent/Guardian) |
| Mandatory – Elementary student to attend where high school age sibling(s) attends | <input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____ | | \$ _____ (Parent/Guardian) |
| 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"/> Tuition Waived <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ | \$ _____ (District of Residence) |
| 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 foster and group home placements) | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ | \$ _____ (State of Montana) |
| District to District Placement | <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. Transportation and tuition will be charged to the Parent/Guardian, District of Residence, or the State of Montana as indicated in Sections III and IV.

A. DISTRICT OF CHOICE/PLACEMENT
 The Board of Trustees:
 _____ APPROVES this Student Attendance Agreement
 _____ DISAPPROVES this Student Attendance Agreement
 Board Chair: _____
 Signature: _____ Date: _____

B. DISTRICT OF RESIDENCE
 The Board of Trustees:
 _____ APPROVES this Student Attendance Agreement (only required if transportation and/or tuition is to be paid by the District of Residence)
 _____ DISAPPROVES this Student Attendance Agreement
 _____ ACKNOWLEDGES receipt of this Student Attendance Agreement (only if no transportation and/or tuition is charged by the District of Residence OR parent/guardian or state is responsible for tuition)
 Board Chair: _____
 Signature: _____ Date: _____

C. SUPERINTENDENT OF PUBLIC INSTRUCTION
 The Superintendent of Public Instruction:
 ACKNOWLEDGES receipt of this Student Attendance Agreement
 OPI Representative: _____
 Signature: _____ Date: _____