

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 11/24/20



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: 11/16/20

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

From: Corrina Guardipee-Hall
Title: Superintendent

Subject: **Elementary Student Attendance Agreement 2020-2021 school year**

Description: Transportation Department is required to obtain approval of Student Attendance Agreements for board approval.

Financial Impact: \$ Transportation Costs and Tuition are waived

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

Attachment(s): Student Attendance Agreements 2020-2021

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 2020 - 2021

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) LAMERE, KASHLYN L | |
| Birthdate | 8-18-10 |
| Student Address | PO BOX 227 HEART BUTTE, MT 59448 |
| Parent/Guardian Address | PO BOX 227 HEART BUTTE, MT 59448 |
| Individual Responsible for Placement | |
| Relationship to Student | MOTHER |
| Phone Number | 406-262-0374 |
| Agency Responsible for Placement: | |
| Address (include city, state and zip code): | |
| 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: |  Date: 10/20/20 |
| 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 5th |
| District of Choice/Placement Valley Elem | District of Residence Browning |
| 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 11/2/20 | 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)

| | |
|--|--|
| Transportation Provided by District of Choice/Placement | |
| <input checked="" 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 checked="" 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: Donald J. Connelly

Signature: Donald J. Connelly Date: 11-10-2020

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. SUPERINTEDEDENT OF PUBLIC INSTRUCTION

The Superintendent of Public Instruction:

ACKNOWLEDGES receipt of this Student Attendance Agreement

OPI Representative: _____

Signature: _____ Date: _____