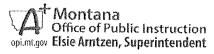


School Year 20__ - 20__

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
Co. 1 (B) (1 , Co , a) 11 a a a b amounts	TALLULAH R
Birthdate 6.10.20	
Student Address Po Box 333	East Glacier, MT 59434
Parent/Guardian Address	mark the second
Individual Responsible for Placement ACTOM &	JESS SCHAUF
Relationship to Student	S Phone Number 493,9501
Agency Responsible for Placement:	
Address (include city, state and zip code):	
Parent Signature This agreement will be returned to the parent/guardian after acc which will be charged to the parent/guardian for attendance. If agrees to pay the costs, if any, charged to the parent/guardian under the parent/guardian under the parent/guardian under the parent/guardian.	teptance by the district of choice and will specify the costs, if any, the student attends under this agreement, the parent/guardian nder the terms of this agreement. Date: 5.19.20
State Agency/Court Request OR Group Home Representative Si	
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
District of Choice/Placement	District of Residence
Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date	Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days
Linding the State State	Affilial Pupil Instruction Days
SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guai	
Transportation Provided by District of Choice/Placement ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of F ☐ Bus Service, charging State of Montana \$ per year (or ☐ Mileage reimbursement to the parent/guardian under a TR-4 II	Residence \$ per (attach payment schedule) ver-schedule costs only – attach documentation of costs)
Transportation Provided by District of Residence Bus Service at No Cost	(attach payment schedule)



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 +
-	1/0			Special Rate)
Pa	arent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$(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 does not provide transportation	Tuition Waived	<u> </u>	\$(District of Residence)
	Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	<u></u> \$\$	\$(District of Residence)
	ate/Court Placement cludes foster and group home placements)	\$\$	<u> </u>	\$(State of Montana)
Di	strict to District Placement	Tuition Waived	<u></u> \$\$	\$(District of Residence)
SEC	TION V: AGREEMENTS AND SIGNATURES			
As	ignature below acknowledges receipt of the Student Attendanc	e Agreement. Transp	ortation and tuition wi	ill be charged to the
Ра	rent/Guardian, District of Residence, or the State of Montana as	s 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:	
В.	DISTRICT OF RESIDENCE The Board of Trustees:		Dutc.	
	APPROVES this Student Attendance Agreement (only re of Residence)	equired if transportation	on and/or tuition is to	be paid by the District
	DISAPPROVES this Student Attendance Agreement			
	ACKNOWLEDGES receipt of this Student Attendance Ag	reement (only if no tr	ansportation and/or to	uition is charged by
	the District of Residence OR parent/guardian or state is respon	nsible for tuition)		,
	Board Chair:			
	Signature:		Date:	
C.	SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:			
	ACKNOWLEDGES receipt of this Student Attendance Agreement	nt		
	OPI Representative:	***************************************		
	Signature:		Date:	



School Year 20__ - 20__

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 schoo	district outside the student's District of Residence				
Student Name (last, first, middle initial)	Emmett O				
Birthdate 7.7.10					
Student Address PO Box 333	East-Glacier, MT 59434				
Parent/Guardian Address					
Individual Responsible for Placement	S Aaron & JESS SCHAMF				
Relationship to Student	Phone Number 43.9501				
Agency Responsible for Placement:					
Address (include city, state and zip code):					
Parent Signature This agreement will be returned to the parent/guardian after acc which will be charged to the parent/guardian for attendance. If agrees to pay the costs, if any, charged to the parent/guardian unit of the parent/guardian after acc unit of the parent/guardian unit of the parent of					
Signature of Parent/Guardian:	nau pate: 5,19,20				
State Agency/Court Request OR Group Home Representative S	State Agency/Court Request OR Group Home Representative Signature				
1	• • • •				
Signature of Official of State Agency/Court/Group Home:	Date:				
	Date:				
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID	Date:				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,	PLACEMENT Date:				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request	PLACEMENT Student Grade District of Residence Student Placement				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request Parent/Guardian	Date: PLACEMENT Student Grade District of Residence Student Placement Group Home Placement				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request Parent/Guardian Court	Date: PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request Parent/Guardian	Date:				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request Parent/Guardian Court State Agency	Date: PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY	Date:				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian	Date:				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement	Date:				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement Bus Service at No Cost	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT Indian will transport at own expense (Go to Section IV)				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian Or District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian Or District of	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT Irdian will transport at own expense (Go to Section IV)				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT Irdian will transport at own expense (Go to Section IV)				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request	Date:				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request	Date:				
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE, Student State ID District of Choice/Placement Individual Making Request	Date:				



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 +	
Parent/Guardian Request Discretionary — Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$(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 does not provide transportation	Tuition Waived	<u> </u>	\$(District of Residence)	
Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	<u> </u>	\$ (District of Residence)	
State/Court Placement (includes foster and group home placements)	<u></u> \$\$	 \$	\$ (State of Montana)	
District to District Placement	Tuition Waived	\$	\$(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. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreen OPI Representative:				
Signature:				



School Year 20___ - 20___

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)			
Richard R.C. Parsons			
Birthdate 11-7-08			
Student Address			
Student Address 309 East Edkins, East Glacier R	4/59434		
Parent/Guardian Address //			
//			
Individual Responsible for Placement			
Relationship to Student	Dhana Numbar		
For the	Phone Number (406) 450 - 8860		
Agency Responsible for Placement:			
Address (include city, state and zip code):			
Parent Signature			
	eptance by the district of choice and will specify the costs, if any,		
which will be charged to the parent/guardian for attendance. If			
agrees to pay the costs, if any, charged to the parent/guardian u	nder the terms of this agreement.		
Signature of Parent/Guardian:)- Date: $5 - 19 - 20$		
State Agency/Court Request OR Group Home Representative Si	gnature		
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		
District of Choice/Placement	District of Residence		
Individual Making Request	Student Placement		
⊠Parent/Guardian □Court	☐Group Home Placement		
	Foster Home Placement		
☐State Agency Enrollment Start Date	District to District Placement		
Emoliment start date	Annual Pupil Instruction Days		
SECTION III: TRANSPORTATION – TO BE COMPLETED BY	DISTRICT OF CHOICE/PLACEMENT		
□ NO TRANSPORTATION will be provided. Parent/guar	•		
Transportation Provided by District of Choice/Placement	dian will transport at own expense (do to section it)		
Bus Service at No Cost			
Bus Service, charging parent/guardian OR District of Residence \$ per (attach payment schedule)			
Bus Service, charging State of Montana \$ per year (over-schedule costs only – attach documentation of costs)			
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			
	 		
☐Bus Service at No Cost ☐Bus Service, charging parent/guardian \$ per			



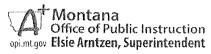
201	THOM IN: LOTHON CO212 - TO BE COMPLETED BY DE			
	Type of Agreement	Regular Education	Special Rate	Total Annual Tuition
	(Check one and indicate the annual amounts of Regular	Rate	(Attach FP-14A)	(Regular Education
	Education, Special Rate and Total Annual Tuition			Rate +
De	rent/Guardian Request	40		Special Rate)
1	Discretionary – Parent/Guardian requests to enroll	Tuition Waived		\$
	student outside District of Residence	□ \$		(Parent/Guardian)
-	Mandatory – Elementary student to attend where high	Tuition Waived		
	school age sibling(s) attends			\$
	Mandatory – Student lives closer to school of choice	\$ Tuition Waived		(Parent/Guardian)
	and at least 3 miles from resident district school AND		m c	\$
	District of Residence does not provide transportation	\$\$	 	(District of Residence)
	Mandatory – Geographic barrier prohibits attendance	Tuition Waived	-1-2-10-10-7-4-10-1	
	in District of Residence		 \$	\$
6.		\$\$		(District of Residence)
	ate/Court Placement	□ s	□ s	\$
(In	cludes foster and group home placements)	ΥΥ	Y	(State of Montana)
Dis	strict to District Placement	Tuition Waived		\$
		□ \$	\$	(District of Residence)
, ,.		I Bernard Control of the Control of	l	
	TION V: AGREEMENTS AND SIGNATURES			
As	ignature below acknowledges receipt of the Student Attendan	ce Agreement. Transp	ortation and tuition w	ill be charged to the
	rent/Guardian, District of Residence, or the State of Montana a	is 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:			
	bodru Cridir;	***************************************		
	Signature		Data	
	Signature:		Date:	
В.	DISTRICT OF RESIDENCE			
	The Board of Trustees:			
	APPROVES this Student Attendance Agreement (only r	equired if transportati	on and/or tuition is to	he naid by the District
	of Residence)	equired in transportati	on anayor tattion is to	be paid by the District
	·			
	DISAPPROVES this Student Attendance Agreement			
	ACKNOWLEDGES receipt of this Student Attendance A	greement (only if no tr	ansportation and/or t	tuition is charged by
	the District of Residence OR parent/guardian or state is response	onsible for tuition)	•	,
	Board Chair:			
	Signature:		Date:	
C.	SUPERINTEDENT OF PUBLIC INSTRUCTION			
٠.	The Superintendent of Public Instruction:			
	ACKNOWLEDGES receipt of this Student Attendance Agreeme	ent		
	0010			
	OPI Representative:			
	Signature:		Date:	



School Year 20__ - 20__

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)	rse, Armani, N			
	ise, itemani, it			
Birthdate 1 - 24 - 09				
Student Address 227 EdKins St East 6	ilader MT 59434			
Parent/Guardian Address	**			
Individual Responsible for Placement Brantlee	Fish			
Relationship to Student	Phone Number			
Mother	845-3007			
Agency Responsible for Placement:				
Address (include city, state and zip code):				
Parent Signature				
This agreement will be returned to the parent/guardian after acc				
which will be charged to the parent/guardian for attendance. If t				
agrees to pay the costs, if any, charged to the parent/guardian ur	nder the terms of this agreement.			
Signature of Parent/Guardian:	Date: 5-19-20			
State Agency/Court Request OR Group Home Representative Signature	gnature			
Signature of Official of State Agency/Court/Group Home:	Date:			
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/	DLACEMENT			
Student State ID	Student Grade			
District of Choice/Placement	District of Residence			
Individual Making Request	Student Placement			
Individual Making Request ☑Parent/Guardian	Student Placement			
Individual Making Request Parent/Guardian Court	☐ Group Home Placement			
☑Parent/Guardian ☐Court				
№ Parent/Guardian	☐ Group Home Placement ☐ Foster Home Placement			
☑Parent/Guardian ☐Court ☐State Agency Enrollment Start Date	☐ Group Home Placement ☐ Foster Home Placement ☐ District to District Placement Annual Pupil Instruction Days			
Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY	Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT			
Parent/Guardian ☐Court ☐State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY ☐NO TRANSPORTATION will be provided. Parent/guar	Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT			
Parent/Guardian □Court □State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY □NO TRANSPORTATION will be provided. Parent/guar Transportation Provided by District of Choice/Placement □Bus Service at No Cost	Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT dian will transport at own expense (Go to Section IV)			
Parent/Guardian □ Court □ State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY □ NO TRANSPORTATION will be provided. Parent/guar Transportation Provided by District of Choice/Placement □ Bus Service at No Cost □ Bus Service, charging □ parent/guardian OR □ District of R	Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT dian will transport at own expense (Go to Section IV) esidence \$			
Parent/Guardian □ Court □ State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY □ NO TRANSPORTATION will be provided. Parent/guar Transportation Provided by District of Choice/Placement □ Bus Service at No Cost □ Bus Service, charging □ parent/guardian OR □ District of R □ Bus Service, charging State of Montana \$ per year (or	Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT dian will transport at own expense (Go to Section IV) esidence \$ per			
Parent/Guardian □Court □State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY □NO TRANSPORTATION will be provided. Parent/guar Transportation Provided by District of Choice/Placement □Bus Service at No Cost □Bus Service, charging □ parent/guardian OR □ District of R □Bus Service, charging State of Montana \$ per year (or □ Mileage reimbursement to the parent/guardian under a TR-4 In	Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT dian will transport at own expense (Go to Section IV) esidence \$ per			
Parent/Guardian ☐ Court ☐ State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY ☐ NO TRANSPORTATION will be provided. Parent/guar Transportation Provided by District of Choice/Placement ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of R ☐ Bus Service, charging State of Montana \$ per year (or ☐ Mileage reimbursement to the parent/guardian under a TR-4 In Transportation Provided by District of Residence	Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT dian will transport at own expense (Go to Section IV) esidence \$ per			
Parent/Guardian □Court □State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY □NO TRANSPORTATION will be provided. Parent/guar Transportation Provided by District of Choice/Placement □Bus Service at No Cost □Bus Service, charging □ parent/guardian OR □ District of R □Bus Service, charging State of Montana \$ per year (or □ Mileage reimbursement to the parent/guardian under a TR-4 In	Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT dian will transport at own expense (Go to Section IV) esidence \$ per (attach payment schedule) ver-schedule costs only – attach documentation of costs) individual Transportation Contract (3 miles from 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 Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence Mandatory – Elementary student to attend where high school age sibling(s) attends 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 Mandatory – Geographic barrier prohibits attendance	Regular Education Rate Tuition Waived	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate) \$
in District of Residence State/Court Placement (includes foster and group home placements)	\$\$	\$\$	(District of Residence)
District to District Placement	Tuition Waived	\$\$	\$(District of Residence)
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:		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:			
C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:		Date:	
The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreem	ent		
OPI Representative:			
Signature:		Date:	