



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)	Hank Bear Jayce	
Birthdate	1-14-2006	
Student Address	700 Casey St., Butte, MT	
Parent/Guardian Address	105 Venture Way Boulder	
Individual Responsible for Placement	Same as above	
Relationship to Student	Kelsey Christensen	Phone Number (800) 491-2822
Agency Responsible for Placement	Legal Guardian / CPS	
Address (include city, state and zip code):		
Parent Signature	[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:	[Signature]	Date: 5-6-21
State Agency/Court Request OR Group Home Representative Signature		
Signature of Official of State Agency/Court/Group Home:	[Signature]	Date: 5-6-21

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

Student State ID	449153137	Student Grade	9
District of Choice/Placement	Jefferson High	District of Residence	Butte Browning HS
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"/> Instruct to District Placement
Enrollment Start Date	5-10-2021	Annual Pupil Instruction Days	148

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 II)

Transportation Provided by District of Choice/Placement <input type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging parent/guardian OR 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-9 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-9 Individual Transportation Contract (more than 3 miles school/bus stop)
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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"/> \$ <u>1440.40</u>	<input type="checkbox"/> \$ _____	\$ <u>1440.40</u> (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: Camilla Robson
 Signature: Camilla A. Robson Date: 6-8-2021

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: Nicole R Thustle
 Signature: Nicole R Thustle Date: 6/28/21