

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 11/26/19



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: 11/19/19

To: **Corrina Guardipee-Hall**
 Superintendent

From: Teri DeRoche
Title: Director of Transportation

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

Description: Request approval for high school 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

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)	<u>SkunkCap Jeffrey S.</u>		
Birthdate	<u>8-30-02</u>		
Student Address	<u>207-5th Ave SE Cut Bank</u>		
Parent/Guardian Address	<u>Penny Marcum</u>		
Individual Responsible for Placement			
Relationship to Student	<u>Mother</u>	Phone Number	<u>845-2361</u>
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: <u>Penny Marcum</u>			Date: <u>8/18/19</u>
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
District of Choice/Placement	District of Residence
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"/> District to District Placement
Enrollment Start Date	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 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: _____