

 <p>Montana Office of Public Instruction Denise Juneau, State Superintendent opi.mt.gov</p>	<h2 style="margin:0;">STUDENT ATTENDANCE AGREEMENT</h2> <p style="margin:0;">School Year 20<sup>16</sup> - 20<sup>17</sup></p>
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**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) <b>Suta, William</b>	
Grade (for year of attendance) <b>2</b>	Birth Date Mo <b>3</b> Day <b>25</b> Year <b>2009</b>
Student Address <b>1282 Boundary Road</b>	City/State/Zip Code <b>Cut Bank, MT 59427</b>
Parent/Guardian Address (if different)	City/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Name and Title of Official of State Agency/Court Responsible for Placement (print) <b>Raylee Johnson / Blaine Suta</b>	Telephone Number <b>(406) 336-4243</b>
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p><b>Parent Request</b> 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.</p>	
Signature of Parent/Guardian: <i>R Johnson</i>	Date: <u>5/15/16</u>
<p><b>State Agency/Court Request OR Group Home Representative</b></p> <p>Signature of Official of State Agency/Court/Group Home: _____ Date: _____</p>	

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

Student State ID <b>468743237</b>	District Last Attended <b>15</b>
District of Choice/Placement <b>15</b>	District of Residence <b>9</b>
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
First Date of Attendance <b>08/30/2016</b>	Annual Pupil Instruction Days <b>178</b>

**SECTION III: TRANSPORTATION – TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT OF RESIDENCE**

NO TRANSPORTATION will be provided. Parent/guardian will transport at own expense. (GO TO SECTION IV)

Check all that apply	<p><b>District of Choice/Placement:</b></p> <input checked="" type="checkbox"/> Bus service, at NO COST <input type="checkbox"/> Bus service, charging parents \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Bus service, charging 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 (over 3 miles from school or bus stop)
	<p><b>District of Residence:</b></p> <input type="checkbox"/> Bus service, at NO COST <input type="checkbox"/> Bus service, charging parent \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT			
TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount - payee in parenthesis)
Check One and Indicate the Annual Amount of Regular Ed, Special Rate and Total Tuition			
<b>Parent/Guardian Request:</b>			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student outside district of residence.	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence.	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<b>State/Court Placement:</b> (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
<b>District-to-District Placement:</b>			
<input type="checkbox"/> Discretionary	<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 form. If transportation is provided and tuition is not waived, tuition will be charged to the parent/guardian, district of residence or state of Montana as indicated in Sections III and IV above.	
<b>A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements</b> The Board of Trustees: <input checked="" type="checkbox"/> APPROVES this attendance agreement <input type="checkbox"/> DISAPPROVES this attendance agreement Print Name of Chairperson, Board of Trustees: <u>Dean Berkran</u> Signature of Chairperson, District of Choice/Placement: <u>[Signature]</u> Date: <u>April 29, 2016</u>	
<b>B. DISTRICT OF RESIDENCE</b> The Board of Trustees: <input type="checkbox"/> APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition) <input type="checkbox"/> DISAPPROVES this attendance agreement <input type="checkbox"/> ACKNOWLEDGES receipt of this attendance agreement (ONLY if no transportation is charged and tuition is waived OR parent is charged tuition) Print Name of Chairperson, Board of Trustees: _____ Signature of Chairperson, District of Residence: _____ Date: _____	
<b>C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement)</b> The Superintendent of Public Instruction: <input type="checkbox"/> ACKNOWLEDGES receipt of this attendance agreement Print Name of OPI Representative: _____ Signature of OPI Representative: _____ Date: _____	

SECTION VI: TIMELINES	
Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)