



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

opi.mt.gov

STUDENT ATTENDANCE AGREEMENTSchool Year 20¹⁶ - 20¹⁷**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)

Suta, William

Grade (for year of attendance)

2

Birth Date

Mo 3

Day 25

Year 2009

Student Address

1282 Boundary Road

City/State/Zip Code

Cut Bank, MT 59427

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)

Raylee Johnson / Blaine Suta

Telephone Number

(406) 336-4243

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)

Parent Request

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:

5/15/16

State Agency/Court Request OR Group Home Representative

Signature of Official of State Agency/Court/Group Home:

Date:

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

Student State ID

468743237

District Last Attended

15

District of Choice/Placement

15

District of Residence

9

Individual Making Request

- ☒ Parent/Guardian
☐ Court
☐ State Agency

Student Placement

- ☐ Group Home Placement
☐ Foster Home Placement
☐ District to District Placement

First Date of Attendance 08/30/2016

Annual Pupil Instruction Days 178

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	District of Choice/Placement: <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)
	District of Residence: <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)



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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 <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition			
Parent/Guardian Request:			
<input checked="" type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> 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 <u>District of Residence</u> .	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement: (includes State/Court Foster and State/Court/Parental Group Home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<input type="checkbox"/> Mandatory			
District-to-District Placement:			
<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.

A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements

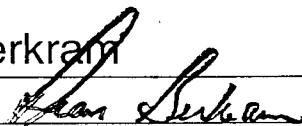
The Board of Trustees:

- ☒ APPROVES this attendance agreement
☐ DISAPPROVES this attendance agreement

Print Name of Chairperson, Board of Trustees:

Dean Berkman

Signature of Chairperson, District of Choice/Placement:



Date: April 29, 2016

B. DISTRICT OF RESIDENCE

The Board of Trustees:

- ☐ APPROVES this attendance agreement (ONLY if transportation is charged and/or district is charged tuition)
☐ DISAPPROVES this attendance agreement
☐ 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: _____

C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement)

The Superintendent of Public Instruction:

- ☐ ACKNOWLEDGES receipt of this attendance agreement

Print Name of OPI Representative: _____

Signature of OPI Representative: _____

Date: _____

SECTION VI: TIMELINESDate 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)