

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: March 29, 2017



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**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

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**Date:**    **March 22, 2017**

**To:**        John Rouse  
                 Superintendent of Schools

**From:**    Stacy Edwards  
**Title:**     Director of Finance

**Subject:**   **Student Attendance Agreement 2016-2017**

**Description:** Attendance Agreement with Cut Bank Public Schools

**Justification (District Goals:** The tuition is waived

**Financial Impact:** None

**Funding Source (Budget/grant, etc.):** N/A

**Attachment(s):** Student Attendance Agreement

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**    N/A (Info)     Approved     Denied     Tabled to: \_\_\_\_\_



Montana  
Office of Public Instruction  
Denise Juneau, State Superintendent  
opi.mt.gov

## STUDENT ATTENDANCE AGREEMENT

School Year 20 16 - 20 17

### 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>Cadotte, Jayden</b>	
Grade (for year of attendance) <b>3</b>	Birth Date Mo <b>01</b> Day <b>08</b> Year <b>2008</b>
Student Address <b>5014 College Road</b>	City/State/Zip Code <b>Browning, MT 59417</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>Mallory Mittens / Sheldon Cadotte, Sr.</b>	Telephone Number <b>(406) 338-7118</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)	
<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.	
Signature of Parent/Guardian: <u>Mallory Mittens</u>	Date: <u>3/20/17</u>
<b>State Agency/Court Request OR Group Home Representative</b>	
Signature of Official of State Agency/Court/Group Home: _____ Date: _____	

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

Student State ID	District Last Attended <b>9</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	Annual Pupil Instruction Days

### 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	<b>District of Choice/Placement:</b> <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)
	<b>District of Residence:</b> <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.

**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 Berkran

Signature of Chairperson, District of Choice/Placement: *Dean Berkran* Date: 3/20/2017

**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: 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)

