



Billings Public Schools
Tuition Office
415 North 30th Street, Room 206
Billings, Montana 59101-1298
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April 28, 2021

Browning School District
Attn: Superintendent Corrina Guardipee-Hall
PO Box 610
Browning, MT 59417-0610

Dear Corrina:

RE: STUDENT ATTENDANCE AGREEMENT – 2020-2021

Enclosed is a Student Attendance Agreement for Sharyn Whitegrass a student who attends school in Billings Public Schools District No. 2 but reside in yours. This is the discretionary application and tuition is charged to the state.

As our district does charge tuition for out of district students, your district's acknowledgment is required. Please complete part B under Section V: Agreements and Signatures. Once signed by your Board of Trustees Chairperson, Please return the originals to my attention at the address shown above.

If you have any questions, please contact me at 281-5032.

Thank you,

Brenda Cross
Tuition Office

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)	
Whitgrass, Sharyn R	
Birthdate	
2-27-2006	
Student Address	
1260 Calceola Circle Billings, MT 59105	
Parent/Guardian Address	
531 SE Broadway St Browning, MT 59417	
Individual Responsible for Placement	
Laurie Larson, BIA Legal Guardian	
Relationship to Student	Phone Number
Legal Guardian	406-338-5171
Agency Responsible for Placement: Youth Dynamics	
Address (include city, state and zip code): 1260 Calceola Circle Billings, MT 59105	
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: Laurie Larson	Date: 4/27/21
State Agency/Court Request OR Group Home Representative Signature	
Signature of Official of State Agency/Court/Group Home: [Signature] (YDI) Date: 4-27-21	

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

Student State ID	Student Grade
	9
District of Choice/Placement	District of Residence
	Browning
Individual Making Request	Student Placement
<input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	<input checked="" 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
4-29-2021	180

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 checked="" type="checkbox"/> \$ 1,466.40	<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: Dr. Greta Besch Moen Ph.D.

Signature: [Signature] Date: 4-28-2021

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: _____

Signature: _____ Date: _____