

STUDENT ATTENDANCE AGREEMENT (FP-14)

School Year 20²¹ - 20²²

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)	Izabella Kaitlyn Lahr		
Birthdate	12-19-06		
Student Address	P.O. BOX 1854		
Parent/Guardian Address	P.O. BOX 1854		
Individual Responsible for Placement	katy kittson		
Relationship to Student	mother	Phone Number	4063385008
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>Katy Kittson</u> <small>Katy Kittson (Aug 2, 2021 10:25 MDT)</small>		Date: <u>Aug 2, 2021</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	9
District of Choice/Placement	District of Residence	Valier glacier Browning
Individual Making Request Parent/Guardian Court State Agency	Student Placement Group Home Placement Foster Home Placement 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 Bus Service at No Cost Bus Service, charging ___ parent/guardian OR ___ District of Residence \$_____ per _____ (attach payment schedule) Bus Service, charging State of Montana \$_____ per year (over-schedule costs only – attach documentation of costs) 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 Bus Service at No Cost Bus Service, charging parent/guardian \$_____ per _____ (attach payment schedule) 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 checked="" type="checkbox"/> Tuition Waived \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	<input type="checkbox"/> Tuition Waived \$ _____		\$ _____ (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 \$ _____	\$ _____	\$ _____ (District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	<input type="checkbox"/> Tuition Waived \$ _____	\$ _____	\$ _____ (District of Residence)
State/Court Placement (includes foster and group home placements)	\$ _____	\$ _____	\$ _____ (State of Montana)
District to District Placement	<input type="checkbox"/> Tuition Waived \$ _____	\$ _____	\$ _____ (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: Donald G. Connelly
 Signature: Donald G. Connelly Date: 8-17-21

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: _____