

STUDENT ATTENDANCE AGREEMENT (FP-14) School Year 2020 - 2021

1	SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -	TO - CICKLON - TO - COLUMN		
K	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). A			
1	Student Name (last, first, middle initial) AMACIVE . SCILIC C			
	Birthdate 10-20-2010.			
Parent/Guardian Address Parent/Guardian Address				
				Individual Responsible for Placement Relationship to Student Acade Currally
	Mother Phone Number (1) a - 845-3811			
	Agency Responsible for Placement:	4.7.7811		
	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 MNA MUNICIPULO			
J	State Agency/Court Request OR Group Home Representative Sign	Rture Date: 1.11-21		
Sta	te Agency/Court Request OR Group Home Representative S			
Sig	nature of Official of State Agency/Court/Group Home:	Date:		
	TION II: TO BE COMPLETED BY DISTRICT OF CHOICE	/PLACEMENT		
	ident State ID 392138271	Student Grade 4		
	trict of Choice/Placement 15	District of Residence 9		
Inc	lividual Making Request	Student Placement		
	☑ Parent/Guardian	☐Group Home Placement		
	☐Court	☐ Foster Home Placement		
	☐State Agency	☐District to District Placement		
En	roliment Start Date	Annual Pupil Instruction Days		
SEC	TION III: TRANSPORTATION – TO BE COMPLETED BY			
	☐ NO TRANSPORTATION will be provided. Parent/gu	ardian will transport at own expense (Go to Section IV)		
Tra	ansportation Provided by District of Choice/Placement Bus Service at No Cost			
Tra	☑ Bus Service at No Cost	f Residence S		
Tra	☑ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District o	f Residence \$ per(attach payment schedule)		
Tra	☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District o ☐ Bus Service, charging State of Montana \$ per year	(over-schedule costs only attach documentation of costs)		
	☑ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District or ☐ Bus Service, charging State of Montana \$ per year ☐ Mileage reimbursement to the parent/guardian under a TR-4 ansportation Provided by District of Residence	f Residence \$ per(attach payment schedule) (over-schedule costs only attach documentation of costs) 4 Individual Transportation Contract (3 miles from school/bus stop)		
	☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year of Mileage reimbursement to the parent/guardian under a TR-dansportation Provided by District of Residence ☐ Bus Service at No Cost	(over-schedule costs only attach documentation of costs) 4 Individual Transportation Contract (3 miles from school/bus stop)		
	☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year ☐ Mileage reimbursement to the parent/guardian under a TR-4 ansportation Provided by District of Residence ☐ Bus Service at No Cost ☐ Bus Service, charging parent/guardian \$ per	(over-schedule costs only attach documentation of costs) 4 Individual Transportation Contract (3 miles from school/bus stop)		

Montana Office of Public Instruction opi.mt.gov Elsie Arntzen, Superintendent

SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT **Total Annual Tuition** Special Rate **Regular Education** Type of Agreement (Regular Education (Attach FP-14A) (Check one and indicate the annual amounts of Regular Rate Rate + **Education, Special Rate and Total Annual Tuition** Special Rate) Parent/Guardian Request ✓ Tuition Waived Discretionary - Parent/Guardian requests to enroll (Parent/Guardian) □ \$ student outside District of Residence ___ Tuition Waived Mandatory - Elementary student to attend where high (Parent/Guardian) school age sibling(s) attends Tuition Waived Mandatory - Student lives closer to school of choice and at least 3 miles from resident district school AND (District of Residence) \$_ District of Residence does not provide transportation Tuition Waived Mandatory - Geographic barrier prohibits attendance (District of Residence) in District of Residence State/Court Placement □ \$ (includes foster and group home placements) (State of Montana) ____ Tuition Waived District to District Placement (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. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Doug Ray Board Chair: Signature: _ 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 X 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: ___ C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative: Signature:



School Year 2020- 20 21

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -	OR - OFFICIAL OF STATE AGENCY/COLIFT	
rrequest that the following student be allowed to attend a school district outside the student's District of Residence		
Student Name (last, first, middle initial)		
Birthdate (0) 15 114		
Student Address P.O. Box 2125	Blood Emma Rd	
Parent/Guardian Address	Slowning, my	
Individual Responsible for Placement		
Relationship to Student Charles Sherman		
grand mother	Phone Number 470-4261	
Agency Responsible for Placement:		
Address (include city, state and zip code):		
Parent Signature		
Inis agreement will be returned to the parent/guardian after acc	septance by the district of choice and will specify the costs, if any,	
which will be charged to the parent/guardian for attendance. If agrees to pay the costs, if any, charged to the parent/guardian u	The student attends under this name and the	
	inder the terms of this agreement.	
Signature of Parent/Guardian:	Date:	
State Agency/Court Request OR Group Home Representative Signature		
	gnature	
	gnature	
Signature of Official of State Agency/Court/Group Home:	Date:	
Signature of Official of State Agency/Court/Group Home:	Date:	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 491013947	Date:	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 49013947 District of Choice/Placement 15	PLACEMENT	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 491013947 District of Choice/Placement 15 Individual Making Request	PLACEMENT Student Grade District of Residence	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 49013947 District of Choice/Placement 15 Individual Making Request Parent/Guardian	PLACEMENT Student Grade District of Residence	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 41013947 District of Choice/Placement 15 Individual Making Request 図 Parent/Guardian □ Court	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 49013947 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency	Date: PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 41013947 District of Choice/Placement 15 Individual Making Request 図 Parent/Guardian □ Court	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 4903947 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date	Date: PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 49013947 District of Choice/Placement 5 Individual Making Request Section III: Transportation — To be completed by Section III: Transportation will be provided. Parent/guardian	Date: PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 4903947 District of Choice/Placement 5 Individual Making Request Section III: Transportation — To Be Completed By No Transportation Provided by District of Choice/Placement	Date: PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 4903947 District of Choice/Placement 5 Individual Making Request Section III: Transportation — To be completed by Section First Date SECTION III: Transportation — To be completed by Section Provided by District of Choice/Placement Bus Service at No Cost	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT dian will transport at own expense (Go to Section IV)	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 4903947 District of Choice/Placement 5 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging Deparent/guardian OR District of Service 1000000000000000000000000000000000000	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 490347 District of Choice/Placement 5 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of F	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 490347 District of Choice/Placement 5 Individual Making Request Section III: Transportation — To be completed by State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of Figure 1985 Bus Service, charging State of Montana S per year (or Mileage reimbursement to the parent/guardian under a TR-4 in Mileage reimbursement to the parent/guardian under a TR-4 in Mileage reimbursement to the parent/guardian under a TR-4 in Mileage reimbursement to the parent/guardian under a TR-4 in Mileage reimbursement to the parent/guardian under a TR-4 in Mileage reimbursement to the parent/guardian under a TR-4 in Mileage reimbursement to the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in Mileage reimbursement and the parent/guardian under a TR-4 in	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 490347 District of Choice/Placement 5 Individual Making Request Section III: Transportation — To be completed by State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR por year (or Mileage reimbursement to the parent/guardian under a TR-4 in Transportation Provided by District of Residence Bus Service at No Cost	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) residence \$	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 490347 District of Choice/Placement 5 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of Montana S per year (or Mileage reimbursement to the parent/guardian under a TR-4 in Transportation Provided by District of Residence Bus Service, charging parent/guardian S Bus Service, charging parent/guardian S	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) residence \$	
Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 490347 District of Choice/Placement 5 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of Montana S per year (or Mileage reimbursement to the parent/guardian under a TR-4 in Transportation Provided by District of Residence Bus Service, charging parent/guardian S Bus Service, charging parent/guardian S	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) residence \$	



opi.mt.gov Elsie Arntzen, Superintendent SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT **Total Annual Tuition** Special Rate **Regular Education** (Regular Education Type of Agreement (Attach FP-14A) Rate (Check one and indicate the annual amounts of Regular Rate + Education, Special Rate and Total Annual Tuition Special Rate) Tuition Waived Parent/Guardian Request (Parent/Guardian) Discretionary – Parent/Guardian requests to enroll \$ student outside District of Residence Tuition Waived Mandatory – Elementary student to attend where high (Parent/Guardian) school age sibling(s) attends ☐ Tuition Waived Mandatory – Student lives closer to school of choice (District of Residence) **__\$_** and at least 3 miles from resident district school AND □ \$_ District of Residence does not provide transportation Tuition Waived Mandatory – Geographic barrier prohibits attendance (District of Residence) \$ in District of Residence State/Court Placement (State of Montana) □ \$ (includes foster and group home placements) Tuition Waived **District to District Placement** (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. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Board Chair: ___ Signature: _ B. DISTRICT OF RESIDENCE _APPROVES this Student Attendance Agreement (only required if transportation and/or tuition is to be paid by the District The Board of Trustees: of Residence) DISAPPROVES this Student Attendance Agreement X 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: __ C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative: Signature: _



School Year 2020- 20 21

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) Birthdate Student Address Parent/Guardian Address Individual Responsible for Placement Relationship to Student 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: State Agency/Court Request OR Group Home Representative Signature Signature of Official of State Agency/Court/Group Home: SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT Student State ID Student Grade District of Choice/Placement District of Residence Individual Making Request Student Placement ☑ Parent/Guardian Group Home Placement ☐ Court ☐ Foster Home Placement ☐ State Agency 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 **Total Annual Tuition** Special Rate Regular Education Type of Agreement (Regular Education (Attach FP-14A) Rate (Check one and indicate the annual amounts of Regular Rate + Education, Special Rate and Total Annual Tuition Special Rate) Parent/Guardian Request X Tuition Waived (Parent/Guardian) Discretionary – Parent/Guardian requests to enroll student outside District of Residence Tuition Waived Mandatory – Elementary student to attend where high (Parent/Guardian) school age sibling(s) attends ☐ Tuition Waived Mandatory – Student lives closer to school of choice (District of Residence) □ _ \$_ and at least 3 miles from resident district school AND \$_ District of Residence does not provide transportation Tuition Waived Mandatory – Geographic barrier prohibits attendance (District of Residence) \$ in District of Residence (State of Montana) State/Court Placement \$ (includes foster and group home placements) Tuition Waived District to District Placement (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. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Board Chair: ___ Signature: _ 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: _ C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative:



7

STUDENT ATTENDANCE AGREEMENT (FP-14)

School Year 2020 - 2021

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN - OR - OFFICIAL OF STATE AGENCY/COURT

	district outside the student's District of Residence
Student Name (last, first, middle initial)	
Connelly, Ryles, H.L	
biltildate	
2 · 2 · 08 Student Address	
PO Box 68 Browning M	7 SAUL 1420 BIA DII
Jonnalea Tatsey PO Box (Individual Responsible for Placement) Connalea Tatsey Relationship to Student	of Browning MT Squit
Individual Responsible for Placement	
Johnsten Tatsey	406-845-9333
m o the	Phone Number
Agency Responsible for Placement:	
Address (include city, state and zip code):	
Parent Signature	
This agreement will be returned to the parent/guardian after acc	ceptance 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 u	nder the terms of this agreement.
Signature of Parent/Guardian: John all C	Date: 1-11-21
State Agency/Court Request OR Group Home Representative S	gnature
Signature of Official of State Agency/Court/Group Home:	Date
	Date:
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE	PLACEMENT
Student State ID 394759280	Student Grade
District of Choice/Placement 15	District of Residence O
	District of Residence Q
Individual Making Request	Student Placement
☑ Parent/Guardian	Student Placement Group Home Placement
☑ Parent/Guardian ☐ Court	Student Placement Group Home Placement Foster Home Placement
☑ Parent/Guardian ☐ Court ☐ State Agency	Student Placement Group Home Placement Foster Home Placement District to District Placement
☑ Parent/Guardian ☐ Court	Student Placement Group Home Placement Foster Home Placement
☑ Parent/Guardian ☐ Court ☐ State Agency Enrollment Start Date August 26, 2020	Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177
☐ Parent/Guardian ☐ Court ☐ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY ☐ NO TRANSPORTATION will be provided. Parent/gua	Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT
☐ Parent/Guardian ☐ Court ☐ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY ☐ NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement	Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT
☐ Parent/Guardian ☐ Court ☐ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY ☐ NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement ☐ Bus Service at No Cost	Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)
☐ Parent/Guardian ☐ Court ☐ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY ☐ NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of	Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)
☐ Parent/Guardian ☐ Court ☐ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY ☐ NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year {or contact of the cont	Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence \$ per (attach payment schedule) ver-schedule costs only – attach documentation of costs)
☐ Parent/Guardian ☐ Court ☐ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY ☐ NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year (or Mileage reimbursement to the parent/guardian under a TR-4. Transportation Provided by District of Residence	Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)
☐ Parent/Guardian ☐ Court ☐ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY ☐ NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year {o	Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence \$ per
☐ Parent/Guardian ☐ Court ☐ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY ☐ NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement ☐ Bus Service at No Cost ☐ Bus Service, charging ☐ parent/guardian OR ☐ District of ☐ Bus Service, charging State of Montana \$ per year (oo Mileage reimbursement to the parent/guardian under a TR-4) Transportation Provided by District of Residence ☐ Bus Service at No Cost ☐ Bus Service, charging parent/guardian \$ per	Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence \$ per



SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT Total Annual Tuition Regular Education Special Rate Type of Agreement (Regular Education (Attach FP-14A) Rate (Check one and indicate the annual amounts of Regular Rate + Education, Special Rate and Total Annual Tuition Special Rate) Parent/Guardian Request ✓ Tuition Waived Discretionary - Parent/Guardian requests to enroll (Parent/Guardian) **\$_** student outside District of Residence Tuition Waived Mandatory - Elementary student to attend where high (Parent/Guardian) school age sibling(s) attends ☐ Tuition Waived Mandatory - Student lives closer to school of choice □ \$_ and at least 3 miles from resident district school AND (District of Residence) \$_ District of Residence does not provide transportation Mandatory - Geographic barrier prohibits attendance ☐ Tuition Waived □ \$_ (District of Residence) in District of Residence State/Court Placement \$ (State of Montana) (includes foster and group home placements) Tuition Waived District to District Placement □ \$ (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. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Doug Ray Board Chair: Date: _/- /Ŋ-9/ Signature:

	Signature.
В.	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.	SUPERINTEDENT OF PUBLIC INSTRUCTION
٠.	The Superintendent of Public Instruction:
	ACKNOWLEDGES receipt of this Student Attendance Agreement
	OPI Representative:
	Signature: Date:



☐ Bus Service at No Cost

☐ Bus Service, charging parent/guardian \$__

STUDENT ATTENDANCE AGREEMENT (FP-14)

School Year 20 19 - 20 20

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) Birthdate Parent/Guardian Address Individual Responsible for Placement 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: 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 K District of Choice/Placement District of Residence Individual Making Request Student Placement ☑Parent/Guardian Group Home Placement ☐ Court ☐Foster Home Placement ☐State Agency ☐ 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 \$_ (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

per

Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)

(attach payment schedule)



SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT **Total Annual Tuition** Special Rate **Regular Education** Type of Agreement (Regular Education (Attach FP-14A) Rate (Check one and indicate the annual amounts of Regular Rate + Education, Special Rate and Total Annual Tuition Special Rate) Tuition Waived Parent/Guardian Request (Parent/Guardian) Discretionary - Parent/Guardian requests to enroll \$_ student outside District of Residence ☐ Tuition Waived Mandatory - Elementary student to attend where high (Parent/Guardian) school age sibling(s) attends Tuition Waived Mandatory - Student lives closer to school of choice □ \$___ (District of Residence) and at least 3 miles from resident district school AND \$___\$ District of Residence does not provide transportation ☐ Tuition Waived Mandatory - Geographic barrier prohibits attendance (District of Residence) in District of Residence State/Court Placement (State of Montana) (includes foster and group home placements) Tuition Waived District to District Placement (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. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Board Chair: _____ DAUA Signature: ___ 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 X 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: ___ C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative: Signature: ___



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)		
Birthdate Yease, Wyahrae, K		
12-22-08		
Student Address	11 Mt Squp 116 3rd ALLSE	
130x 2494 Brown	11 MT 59417"	
Parent/Guardian Address Totsey lashond. Bux 2494		
Individual Responsible for Placement		
Mother	270-5335 - 871-1217	
Relationship to Student	Phone Number	
Agency Responsible for Placement:		
Address (include city, state and zip code):		
198 199 199		
Parent Signature This agreement will be returned to the parent/guardian after agreement.	septance 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 u	nder the terms of this agreement.	
	- 1/	
Signature of Parent/Guardian: ASNONCE (Q1)	Date: 1027-20	
State Agency/Court Request OR Group Home Representative Si	gnature	
Signature of Official of State Agency/Court/Group Home:	Date:	
SECTION II. TO BE COMPLETED BY DISTRICT OF SHORE		
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/	Student Grade	
425917108		
District of Choice/Placement 15	District of Residence	
Individual Making Request	Student Placement	
☑ Parent/Guardian		
	☐ Group Home Placement	
□ Court	Foster Home Placement	
☐Court ☐State Agency	☐ Foster Home Placement ☐ District to District Placement	
□ Court	Foster Home Placement	
□Court □State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION – TO BE COMPLETED BY	☐ Foster Home Placement ☐ District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT	
□ Court □ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION – TO BE COMPLETED BY □ NO TRANSPORTATION will be provided. Parent/gua	☐ Foster Home Placement ☐ District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT	
□ Court □ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION – TO BE COMPLETED BY □ NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement	☐ Foster Home Placement ☐ District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT	
□ Court □ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION – TO BE COMPLETED BY □ NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement □ Bus Service at No Cost	☐ Foster Home Placement ☐ District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT Indian will transport at own expense (Go to Section IV)	
□ Court □ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY □ NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement □ Bus Service at No Cost □ Bus Service, charging □ parent/guardian OR □ District of	□ Foster Home Placement □ District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT Irdian will transport at own expense (Go to Section IV) Residence \$ per (attach payment schedule)	
□ Court □ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY □ NO TRANSPORTATION will be provided. Parent/guad Transportation Provided by District of Choice/Placement □ Bus Service at No Cost □ Bus Service, charging □ parent/guardian OR □ District of □ Bus Service, charging State of Montana \$ per year (or per year)	□ Foster Home Placement □ District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT Irdian will transport at own expense (Go to Section IV) Residence \$	
□ Court □ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY □ NO TRANSPORTATION will be provided. Parent/guad Transportation Provided by District of Choice/Placement □ Bus Service at No Cost □ Bus Service, charging □ parent/guardian OR □ District of □ Bus Service, charging State of Montana \$ per year (complete to the parent/guardian under a TR-4) Transportation Provided by District of Residence	□ Foster Home Placement □ District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT Irdian will transport at own expense (Go to Section IV) Residence \$ per (attach payment schedule)	
□ Court □ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY □ NO TRANSPORTATION will be provided. Parent/guad Transportation Provided by District of Choice/Placement □ Bus Service at No Cost □ Bus Service, charging □ parent/guardian OR □ District of □ Bus Service, charging State of Montana \$ per year (complete to the parent/guardian under a TR-4) Transportation Provided by District of Residence □ Bus Service at No Cost	Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT Irdian will transport at own expense (Go to Section IV) Residence \$	
□ Court □ State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY □ NO TRANSPORTATION will be provided. Parent/guad Transportation Provided by District of Choice/Placement □ Bus Service at No Cost □ Bus Service, charging □ parent/guardian OR □ District of □ Bus Service, charging State of Montana \$ per year (complete to the parent/guardian under a TR-4) Transportation Provided by District of Residence □ Bus Service at No Cost □ Bus Service, charging parent/guardian \$ per	Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT Irdian will transport at own expense (Go to Section IV) Residence \$	



SECTION IV. TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT **Total Annual Tuition** Special Rate **Regular Education** Type of Agreement (Regular Education (Attach FP-14A) Rate (Check one and indicate the annual amounts of Regular Rate + Education, Special Rate and Total Annual Tuition Special Rate) Parent/Guardian Request ✓ Tuition Waived (Parent/Guardian) Discretionary - Parent/Guardian requests to enroll student outside District of Residence Tuition Waived Mandatory - Elementary student to attend where high (Parent/Guardian) school age sibling(s) attends ☐ Tuition Waived Mandatory - Student lives closer to school of choice □ \$ (District of Residence) and at least 3 miles from resident district school AND __\$__ District of Residence does not provide transportation ☐ Tuition Waived Mandatory - Geographic barrier prohibits attendance □ \$ (District of Residence) \$_\$ in District of Residence State/Court Placement **__**\$_ **___\$___** (State of Montana) (includes foster and group home placements) Tuition Waived District to District Placement __\$_ (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: ____ Doug Ray Signature: ___ 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 X 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: _____ Date: Signature: __ C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative: Signature:



School Year 2020 - 2021

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN - OR - OFFICIAL OF STATE AGENCY/COURT

request that the following student be allowed to attend a school	district outside the student's District of Residence	
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)		
Scout, Christian R.		
12-8-2008		
Student Address PO PSOX 1964 PSM	7215 Achin Road Star School	
Parent/Guardian Address		
Individual Responsible for Placement		
Relationship to Student MOTHURE Relationship to Student	Phone Number 406) 845 · 406/	
Agency Responsible for Placement:		
Address (include city, state and zip code):		
Parent Signature		
This agreement will be returned to the parent/guardian after acc	ceptance 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/	
agrees to pay the costs, if any, charged to the parent/guardian u	nder the terms of this agreement.	
Signature of Parent/Guardian:	111277	
	Date: 1-11-7021	
State Agency/Court Request OR Group Home Representative Signature		
Ciamata COCC 1 1 Co		
Signature of Official of State Agency/Court/Group Home:	Date:	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 891983973		
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE,	PLACEMENT Student Grade	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 891983973 District of Choice/Placement 15	PLACEMENT Student Grade District of Residence	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 891983973 District of Choice/Placement 15 Individual Making Request	PLACEMENT Student Grade District of Residence Q Student Placement	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 891983973 District of Choice/Placement 15 Individual Making Request Parent/Guardian	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 891983973 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 891983973 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 891983973 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 89983973 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 891983973 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 891983973 District of Choice/Placement 15 Individual Making Request	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT	
SECTION III: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 891983973 District of Choice/Placement 15 Individual Making Request	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)	
SECTION III: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 891983973 District of Choice/Placement 15 Individual Making Request	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 89983973 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of Bus Service, charging State of Montana \$ per year for the part of the per year for the	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence \$	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 89983973 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of Bus Service, charging State of Montana \$ per year (complete per year) Mileage reimbursement to the parent/guardian under a TR-4	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID 89983973 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of Bus Service, charging State of Montana \$ per year (complete per year) Mileage reimbursement to the parent/guardian under a TR-4 Transportation Provided by District of Residence	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence \$	
SECTION III: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID Sq. q 3 3 q 3 District of Choice/Placement 15 Individual Making Request	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence \$ (attach payment schedule) over-schedule costs only – attach documentation of costs) Individual Transportation Contract (3 miles from school/bus stop)	
SECTION III: TO BE COMPLETED BY DISTRICT OF CHOICE/ Student State ID Sq. q 3 3 q 3 District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guardian Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of Bus Service, charging State of Montana \$ per year (complete or per year) Mileage reimbursement to the parent/guardian under a TR-4 Transportation Provided by District of Residence Bus Service, charging parent/guardian S Der year (complete or per year) Bus Service at No Cost Bus Service, charging parent/guardian S Der year (complete or per year)	PLACEMENT Student Grade District of Residence Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence \$	



IN STED 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 Mandatory – Elementary student to attend where high school age sibling(s) attends 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 Mandatory – Geographic barrier prohibits attendance in District of Residence State/Court Placement (includes foster and group home placements) District to District Placement SECTION V: AGREEMENTS AND SIGNATURES A signature below acknowledges receipt of the Student Attendary Parent/Guardian, District of Residence, or the State of Montandary A. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: APPROVES this Student Attendance Agreement Board Chair: Doug Ray Signature: Doug Ray B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only the Student Attendance Agreement) APPROVES this Student Attendance Agreement (only the Student Attendance Agreement)	Tuition Waived \$ Tuition Waived \$ \$ \$ Tuition Waived \$ Tuition Waived	Date:/	\$(Parent/Guardian) \$(Parent/Guardian) \$(District of Residence) \$(District of Residence) \$(State of Montana) \$(District of Residence) will be charged to the
of Residence) DISAPPROVES this Student Attendance Agreement X 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:			
Board Chair:Signature:			
C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agre OPI Representative:	ement		_
Signature:			



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	ol district outside the student's District of Residence	
Student Name (last, first, middle initial) Sier	ra	
Birthdate 7-23-2010		
Student Address O BOX 19164	2215 Robin Road star store	
Parent/Guardian Address The Land Land Land Land Land Land Land Land	2	
Individual Responsible for Placement	845 406	
Relationship to Student	Phone Number	
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: Date: 1-11-202		
State Agency/Court Request OR Group Home Representative	Signature	
and the second s	oignature	
Signature of Official of State Agency/Court/Group Home:	Date:	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE	E/PLACEMENT	
S. 1	Student Grade C:	
District of Choice/Placement 15		
10	District of Residence	
Individual Making Request	Student Placement	
☑ Parent/Guardian	☐ Group Home Placement	
Court	☐Foster Home Placement	
☐State Agency	☐ District to District Placement	
Enrollment Start Date August 26, 2020	Annual Pupil Instruction Days	
ECTION III: TRANSPORTATION - TO BE COMPLETED B	Y DISTRICT OF CHOICE/PLACEMENT	
	uardian will transport at own expense (Go to Section IV)	
Transportation Provided by District of Choice/Placement	idialan win transport at own expense (do to section 17)	
☑ Bus Service at No Cost		
☐ Bus Service, charging ☐ parent/guardian OR ☐ District o	of Residence \$ per (attach payment schedule)	
Bus Service, charging State of Montana \$ per year	(over-schedule costs only – attach documentation of costs)	
	4 Individual Transportation Contract (3 miles from school/bus stop)	
Transportation Provided by District of Residence Bus Service at No Cost		
얼마가 아버리의 아이를 가지 않는데 하다가 되었다.	T. 1	
☐Bus Service, charging parent/guardian \$ per ☐Mileage reimbursement to the parent/guardian under a TR-	(attach payment schedule) 4 Individual Transportation Contract (more than 3 miles school/bus stop)	
and a second of the parenty guardian under a 1K-	+ marvioual fransportation contract (more than 5 miles school/bus stop)	



SECTION IN THITION 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)
Pare	nt/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuition Waived		\$(Parent/Guardian)
	Mandatory – Elementary student to attend where high school age sibling(s) attends	Tuition Waived	18	\$(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	Tuition Waived	<u></u> \$	\$(District of Residence)
	Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	\$	\$(District of Residence)
Stat (incl	e/Court Placement udes foster and group home placements)	<u></u> \$\$	 \$	\$(State of Montana)
1	rict to District Placement	Tuition Waived	\$	\$ (District of Residence)
A -:	ION V: AGREEMENTS AND SIGNATURES gnature below acknowledges receipt of the Student Attendar ent/Guardian, District of Residence, or the State of Montana DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Board Chair: DOUG Ray DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance the District of Residence OR parent/guardian or state is res Board Chair: Board Chair:	Agreement (only if no ponsible for tuition)	Date:/ -	to be paid by the District
	Signature:		Date:	
C.	SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:			
	ACKNOWLEDGES receipt of this Student Attendance Agree			
	OPI Representative:			
	Signature:			

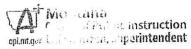


School Year 2020 - 2021

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

request that the following student be	allowed to attend a school d	istrict outside the student's District of Residence	
Student Name (last, first, middle initia	^{a)} Vaile, Felix M	•	
September 1			
Student Address 5129 Flat I	lron Rd, PO Bo	ox 1807 Browning, MT 59417	
Parent/Guardian Address Same			
Individual Responsible for Placement	Kati Doore		
Relationship to Student Mother		Phone Number 406 -450-3494	
Agency Responsible for Placement:			
Address (include city, state and zip co	ode):		
	guardian for attendance. If the to the parent/guardian under the parent/guardian under the total parent for the	Date: 1/12/a	
	53771148	Student Grade 2	
District of Choice/Placement 15		District of Residence g	
Individual Making Request I Parent/Guardian Court State Agency Enrol' nent Start Date Au' : 26	2020	Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days	
SECTION III: TRANSPORTATION -	- TO BE COMPLETED BY I	DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)	
Transportation Provided by District of Bus Service at No Cost Bus Service, charging Disparer Bus Service, charging State of No District of Modern Provided by Bus Service at No Cost Bus Service at No Cost Bus Service, charging Analysis	of Choice/Placement nt/guardian OR	tesidence \$	



SECTI	ON IV: TUITION COSTS - TO BE COMPLETED BY DIS	TRICT OF CHOICE/	PLACEMENT	1 2 12 12 12
	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 Tultion (Regular Education Rate + Special Rate)
Pare	nt/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	Tuitlon Waived		\$(Parent/Guardian)
	Mandatory – Elementary student to attend where high school age sibling(s) attends	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	Tuition Waived	\$\$	\$(District of Residence)
	Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	\$\$	\$(District of Residence)
State (incl	e/Court Placement udes foster and group home placements)	<u></u> \$	<u> </u>	\$(State of Montana)
Disti	ict to District Placement	Tuitlon Walved	\$\$	\$(District of Residence)
A.	DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement DOUG Ray Signature: DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance the District of Residence OR parent/guardian or state is residence Chair:	required if transporta Agreement (only if no ponsible for tuition)	Date:/ tion and/or tuition is transportation and/o	
	Signature:		Date:	
C.	SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:			
	ACKNOWLEDGES receipt of this Student Attendance Agree			
	OPI Representative:			
	Signature:		Date:	



School Year 2020 - 2021

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -		
I request that the following student be allowed to attend a school Student Name (last, first, middle initial)	district outside the student's District of Residence	
Wugner, Aden, 13		
Birthdate 10-5-07		
Parent/Guardian Address Poe Wag ner & Lacy Gray Individual Responsible for Placement	4T, 59417 228 Easter Egg St.	
Parent/Guardian Address Joe Wagner & Lacy Gray	00	
Individual Responsible fo ^D Placement		
Relationship to Student Father & Mother	Phone Number 406 - 229 - 509 Z	
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:	Date:	
State Agency/Court Request OR Group Home Representative S	ignature	
	922 930	
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 7	
District of Choice/Placement 15	District of Residence	
Individual Making Request ☑ Parent/Guardian ☐ Court ☐ State Agency	Student Placement Group Home Placement Foster Home Placement District to District Placement	
Enrollment Start Date August 26, 2020	Annual Pupil Instruction Days 177	
SECTION III: TRANSPORTATION – TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/gua	DISTRICT OF CHOICE/PLACEMENT	
☐ Bus Service, charging State of Montana \$ per year (o	Residence \$ per (attach payment schedule) over-schedule costs only – attach documentation of costs) 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		



SECTION IN THITION 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	Tuition Waived		\$(Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	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	Tuition Waived	\$\$	\$(District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	\$\$	\$(District of Residence)
State/Court Placement (includes foster and group home placements)	<u>\$</u>	<u></u> \$	\$ (State of Montana)
District to District Placement	Tuition Waived	<u></u> \$	\$(District of Residence)
APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Board Chair: Doug Ray Signature: B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement ACKNOWLEDGES receipt of this Student Attendance the District of Residence OR parent/guardian or state is res	Agreement (only if no	tion and/or tuition is	
Board Chair:			
C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:			
ACKNOWLEDGES receipt of this Student Attendance Agree			
OPI Representative:			



s, if any
ardian
_
-2
<i>(</i>)
<i>'</i>)
chedule)
chedule)
chedule)



SECTION IV: TUITION COSTS — TO BE COMPLETED BY DIS	STRICT OF CHOICE/I	Caradal Poto	Total Annual Tuition
Type of Agreement	Regular Education	Special Rate (Attach FP-14A)	(Regular Education
(Check one and indicate the annual amounts of Regular	Rate	(Attach FF-14A)	Rate +
Education, Special Rate and Total Annual Tuition		2112	Special Rate)
La Paragraph	- · · · · · · · · ·		Ċ
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll	Tuition Waived		(Parent/Guardian)
student outside District of Residence	\$\$,
Mandatory – Elementary student to attend where high	Tuition Waived		\$
school age sibling(s) attends	<u></u> \$		(Parent/Guardian)
Mandatory – Student lives closer to school of choice	Tuition Waived		\$
and at least 3 miles from resident district school AND	\$\$	<u> </u>	(District of Residence)
District of Residence does not provide transportation	Tuition Waived		
Mandatory – Geographic barrier prohibits attendance		<u></u> \$	\$(District of Residence)
in District of Residence	\$\$		-
State/Court Placement	П s	<u></u> \$	\$ (State of Montana)
(includes foster and group home placements)	The second		
District to District Placement	Tuition Waived	<u></u> \$\$	\$(District of Residence)
	\$\$		(District of Residence)
CONTINUE ACREE AFRITS AND SIGNATURES			
SECTION V: AGREEMENTS AND SIGNATURES A signature below acknowledges receipt of the Student Attenda	nce Agreement. Trans	portation and tuition v	will be charged to the
A signature below acknowledges receipt of the Stadent Attended Parent/Guardian, District of Residence, or the State of Montana	as indicated in Section	s III and IV.	
THE STATE OF CHOICE OF A CENTENIT			
The Board of Trustees:			
1117 - 1120			
APPROVES this Student Attendance Agreement			
DISAPPROVES this Student Attendance Agreement			
Doug Ray			
Board Chair:			
Signatura: (1) and the area		Date:/	1-12-21
Signature:			
B. DISTRICT OF RESIDENCE			
The Board of Trustees:	. Life	stion and/or tuition is	to be paid by the District
APPROVES this Student Attendance Agreement (onl	y required if transports	ation and/or tattion is	
of Residence)			
DISAPPROVES this Student Attendance Agreement			
ACKNOWLEDGES receipt of this Student Attendance	e Agreement (only if no	transportation and/o	or tuition is charged by
the District of Residence OR parent/guardian or state is re	sponsible for tuition)		
Board Chair:			
Signature:		Dutc	
C. SUPERINTEDENT OF PUBLIC INSTRUCTION			
The Superintendent of Public Instruction:			
ACKNOWLEDGES receipt of this Student Attendance Agre	ement		
OPI Representative:			
Signature:			
Cignoturos		Date	



School Year 2020 - 2021

School real	2020 - 2021
SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN —	OR – OFFICIAL OF STATE AGENCY/COURT
request that the following student be allowed to attend a school	district outside the student's District of Residence
Stydent Name (last, first, middle initial)	Y Y
Young Running Crane, Sash	iah J.
Birthdate)	
1-6-09	
Student Address	COUNT
BOX 182 Browning 145	9911 11 Bearskin Rd
Parent/Guardian Address	
*	
Individual Responsible for Placement	
Relationship to Student	73-4405 Phone Number 338-7344
glardian 5	73-4405 Phone Number 338-7344
Agency Responsible for Placement:	
Address (include city, state and zip code):	
Parent Signature This agreement will be returned to the annual for the first state of the second state of	
which will be charged to the parent/guardian for other december of	eptance by the district of choice and will specify the costs, if any,
which will be charged to the parent/guardian for attendance. If the parent to pay the costs if any charged to the parent/guardian	the student attends under this agreement, the parent/guardian
agrees to pay the costs, if any, charged to the parent/guardian un	
Signature of Parent/Guardian:	au Date: 1-11-21
	Butc
State Agency/Court Request OR Group Home Representative Si	gnature
Signature of Official of State Agency/Court/Group Home:	
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 /
District of Chaica (Planament	0
District of Choice/Placement 15	District of Residence 4
Individual Making Request	Student Placement
☑ Parent/Guardian	☐ Group Home Placement
☐ Court	Foster Home Placement
☐State Agency	☐ District to District Placement
Enrollment Start Date August 26, 2020	Annual Pupil Instruction Days
SECTION III: TRANSPORTATION – TO BE COMPLETED BY	DISTRICT OF CHOICE/PLACEMENT
□ NO TRANSPORTATION will be provided. Parent/gua	rdian 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	
DRus Comies abassis - Ctata -	Residence \$ per (attach payment schedule)
per year (o	Residence \$ per (attach payment schedule) over-schedule costs only – attach documentation of costs)
☐ Mileage reimbursement to the parent/guardian under a TR-4	Residence \$ per (attach payment schedule) over-schedule costs only – attach documentation of costs) Individual Transportation Contract (3 miles from school/bus stop)
☐ Mileage reimbursement to the parent/guardian under a TR-4 Transportation Provided by District of Residence	ver-schedule costs only – attach documentation of costs)
☐ Mileage reimbursement to the parent/guardian under a TR-4 ☐ Transportation Provided by District of Residence ☐ Bus Service at No Cost ☐ Bus Service, charging parent/guardian \$ per	Individual Transportation Contract (3 miles from school/bus stop)
☐ Mileage reimbursement to the parent/guardian under a TR-4 ☐ Transportation Provided by District of Residence ☐ Bus Service at No Cost ☐ Bus Service, charging parent/guardian \$ per	over-schedule costs only – attach documentation of costs) Individual Transportation Contract (3 miles from school/bus stop)



SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT **Total Annual Tuition** Special Rate Regular Education Type of Agreement (Regular Education (Attach FP-14A) Rate (Check one and indicate the annual amounts of Regular Rate + Education, Special Rate and Total Annual Tuition Special Rate) Parent/Guardian Request ✓ Tuition Waived (Parent/Guardian) Discretionary - Parent/Guardian requests to enroll __\$_ student outside District of Residence ☐ Tuition Waived Mandatory – Elementary student to attend where high (Parent/Guardian) school age sibling(s) attends Tuition Waived Mandatory - Student lives closer to school of choice \$ (District of Residence) and at least 3 miles from resident district school AND □ \$ District of Residence does not provide transportation ____ Tuition Waived Mandatory - Geographic barrier prohibits attendance (District of Residence) in District of Residence \$ State/Court Placement \$ (State of Montana) (includes foster and group home placements) ____ Tuition Waived District to District Placement (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. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Doug Ray Board Chair: _ Signature: 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 X 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) Date: _____ Signature: _ C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative: Signature: __



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)		
Young Running Crane Sheve	Juline Brina,	
Birthdate ON X T	1)-11/	
9-25-01		
Student Address P. CALLES TO MAJ FOLLA	17 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Parent/Guardian Address	17 11 Bearsken Rd	
Box 182 Browning Mt 59417		
Individual Responsible for Placement		
Ellen Burdeau	XMZ-WAF	
Relationship to Student	Phone Number	
- Anardian	Thore Number	
Agency Responsible for Placement:		
Agency responsible for Flacement.		
Address (include city, state and zip code):		
Parent Signature This agreement will be returned to the perent/superlies of the perent for a signature.		
This agreement will be returned to the parent/guardian after acc which will be charged to the parent/guardian for attendance. If the	eptance by the district of choice and will specify the costs, if a	ny,
agrees to pay the costs, if any, charged to the parent/guardian u	der the terms of this agreement, the parent/guardia	n
0.00 - 0.1		a a
Signature of Parent/Guardian:	Date: /-//-2	(
State Agency/Court Request OR Group Home Representative Si	gnature	
Signature of Official of State Agency/Court/Group Home:	Date:	
SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/	DIACEMENT	
Student State ID		
Student State ID	Student Grade -	
Student State ID District of Choice/Placement 15		
District of Choice/Placement 15 Individual Making Request	District of Residence of Student Placement	
Student State ID District of Choice/Placement 15 Individual Making Request ☑ Parent/Guardian	District of Residence of Student Placement Group Home Placement	
Student State ID District of Choice/Placement 15 Individual Making Request ☑ Parent/Guardian ☐ Court	Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement	
Student State ID District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency	Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement	
Student State ID District of Choice/Placement 15 Individual Making Request ☑ Parent/Guardian ☐ Court	Student Grade District of Residence Student Placement Group Home Placement Foster Home Placement	
Student State ID District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020	Student Grade District of Residence C Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177	
Student State ID District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION – TO BE COMPLETED BY	District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT	
Student State ID District of Choice/Placement 15 Individual Making Request	District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT	
Student State ID District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION – TO BE COMPLETED BY	District of Residence Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT	
Student State ID District of Choice/Placement 15 Individual Making Request	District of Residence C Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)	(le)
Student State ID District of Choice/Placement 15 Individual Making Request	District of Residence C Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) desidence \$ per	ıle)
Student State ID District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of Bus Service, charging state of Montana per year (complete service) Mileage reimbursement to the parent/guardian under a TR-4	District of Residence C Student Placement Group Home Placement Foster Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV)	ıle)
Student State ID District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/gua Transportation Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of Bus Service, charging parent/guardian OR per year (complication) Bus Service, charging State of Montana \$ per year (complication) Mileage reimbursement to the parent/guardian under a TR-4 Transportation Provided by District of Residence	District of Residence C Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) desidence \$ per	ıle)
Student State ID District of Choice/Placement 15 Individual Making Request Parent/Guardian Court State Agency Enrollment Start Date August 26, 2020 SECTION III: TRANSPORTATION — TO BE COMPLETED BY NO TRANSPORTATION will be provided. Parent/guad Transportation Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging parent/guardian OR District of Bus Service, charging state of Montana \$ per year (complete the parent/guardian under a TR-4) Transportation Provided by District of Residence Bus Service at No Cost Bus Service, charging parent/guardian \$ per	District of Residence C Student Placement Group Home Placement District to District Placement Annual Pupil Instruction Days 177 DISTRICT OF CHOICE/PLACEMENT rdian will transport at own expense (Go to Section IV) Residence \$ per (attach payment schedule costs only – attach documentation of costs) Individual Transportation Contract (3 miles from school/bus stop)	



SECTION IV. TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT **Total Annual Tuition** Special Rate Regular Education Type of Agreement (Regular Education (Attach FP-14A) Rate (Check one and indicate the annual amounts of Regular Rate + Education, Special Rate and Total Annual Tuition Special Rate) Parent/Guardian Request ✓ Tuition Waived (Parent/Guardian) Discretionary - Parent/Guardian requests to enroll student outside District of Residence Mandatory - Elementary student to attend where high Tuition Waived (Parent/Guardian) school age sibling(s) attends Tuition Waived Mandatory - Student lives closer to school of choice \$ (District of Residence) and at least 3 miles from resident district school AND □ \$ District of Residence does not provide transportation Tuition Waived Mandatory – Geographic barrier prohibits attendance (District of Residence) ___\$_ in District of Residence State/Court Placement \$ (State of Montana) (includes foster and group home placements) Tuition Waived District to District Placement (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. DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Doug Ray Board Chair: __ Signature: __ 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 DISAPPROVES this Student Attendance Agreement X 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: _ C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative: