

TUITION AGREEMENT

The Fort Smith Public Schools (Resident District) of Sebastian County hereby agrees to pay to Valley Behavioral Health Systems of Fort Smith (Servicing District) of Sebastian County tuition in the amount of \$ SEE ATTACHED per pupil for providing educational services to its students in grade(s) K-12 (please specify grade levels) during 2018 – 2019.

CONDITIONS*:

SEE ATTACHED

*The specific terms of the agreement should be given here, i.e., whether the payment is per enrollment, or ADM, for the current or previous year, how the payment is to be made (annually, semi-annually, monthly, etc.), who pays transportation and/or any other costs, are attendance records to be furnished, and other pertinent information.

RESIDENT DISTRICT

SERVICING DISTRICT

(Signature, President of Board) Date

(Signature, President of Board) Date

(Signature, Superintendent) Date

(Signature, Superintendent) Date

ADDRESS

ADDRESS

Fort Smith Public Schools
3205 Jenny Lind – P.O. Box 1948
Fort Smith, AR 72902-1948

Valley Behavioral Health Systems
10301 Mayo Drive
Barling, AR 72923

Approved: _____

Date: _____

Public School District or approved Special Education School District may include “Educational Cooperatives” established pursuant to Ark. Code Ann. 6-13-902.

Send all copies to the Department of Education, School Finance – Local Fiscal Services, #4 State Capitol Mall, Room 105-C, Little Rock, Arkansas 72201-1013

**TUITION AGREEMENT
WITH
VALLEY BEHAVIORAL HEALTH
10301 Mayo Drive
Barling, AR 72923**

(Retain the original for filing with the State, return copy to VALLEY BEHAVIORAL HEALTH.)

The Fort Smith School District (Resident District) of Sebastian County hereby agrees to pay Valley Behavioral Health (Serving District) of Fort Smith, Arkansas, tuition in the amount determined by the State Department of Education per day, per pupil for providing educational services to its school age students during the 2018-2019 school year.

Conditions: The tuition amount will be paid on a quarterly basis upon receipt of an accurate billing statement containing student name, admit date, discharge date (if applicable), grade, and total days in attendance for the month. The total paid days, per student, per school year shall not exceed one-hundred and seventy-eight (178) days. Valley Behavioral Health will notify the Fort Smith School District (Resident District) at the time of admission and will request copies of school records. All parties will conform to the regulations and guidelines set forth by Arkansas Department of Education Residential Rules.

Signature, President of the Board Date

Signature, Superintendent Date

**Signature, Hospital CEO Date
Valley Behavioral Health**

Approved: _____
State Department of Education

Date: _____