Browning Public Schools **Board Agenda Request**Meeting To Be Held: 5/11/21



Recognit	Recognition: Students Staff Parents					
Informat	ion: Building Report	Old Business	☐ Superintendent's Report			
Action:	Resignation	Hiring	Contract Service Agreements			
	Travel Out-of-State	Travel In State				
	Termination	Legal Matters	Other:			
	This action request pertains to	o Elementary (only)	High School/District Wide			
Date:	4/29/21					
To:	Corrina Guardipee-Hall Superintendent		eri DeRoche irector of Transportation			
Subject:	Student Attendance Agreemer	nt 2021-2022 school year				
Descripti	escription: We need approval for the East Glacier Student Attendance Agreements 2021-2022					
Financial	I Impact: N/A					
Funding	Source (Budget/grant, etc.): N	J/A				
Attachm	Attachment(s): Transportation Agreements					
Approva	l: Superintendent's Office/Fir	nance/Personnel as applica	ble (Initial)			
Commen	omments:					
Board Ac	ction: N/A (Info)	approved □ Denied	☐ Tabled to:			



SCHOOL Year 20 24 - 2024

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)	
Monroe Ethan	
Birthdate 09/16/2004	
Student Address 500 Edilins St.	East Glacier Park Mt
Parent/Guardian Address	rowning MT 54417
Individual Responsible for Placement	
Jonies Ronning Fisher	
Relationship to Student	Phone Number 845-4866
Agency Responsible for Placement:	
Address (include city, state and zip code):	
Parent Signature	
	ceptance 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	nder the terms of this agreement.
Signature of Parent/Guardian:	2 Date: 4/28/201
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	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/gua	
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 (o	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)
Town and add an Donald and but District of Doubles of	marvida Transportation contract (5 times from scribbly bus stop)
Transportation Provided by District of Residence	mulvidua Transportation contract (5 miles non-school/503 stop)
☐Bus Service at No Cost	
☐Bus Service at No Cost☐Bus Service, charging parent/guardian \$ per	



	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)
Pa	rent/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	s	\$(District of Residence)
	Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	\$	\$(District of Residence)
(in	te/Court Placement cludes foster and group home placements)	<u>\$</u>	\$	\$(State of Montana)
Dis	trict to District Placement	Tuition Waived	\$	\$(District of Residence)
	APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Board Chair: Signature:		Date	
В.	DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only related to the control of			
	of Residence) DISAPPROVES this Student Attendance Agreement			
ACKNOWLEDGES receipt of this Student Attendance Agreement (only if no transportation and/or tuition is charge the District of Residence OR parent/guardian or state is responsible for tuition)				tuition is charged by
	Board Chair:			
	Signature:		Date:	
C.	SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:			71 511 - 11 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
	ACKNOWLEDGES receipt of this Student Attendance Agreeme	ent		
	OPI Representative:			
	Signature:	POWER DESCRIPTION OF THE PROPERTY OF THE PROPE	Date:	



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) Shawna	
Birthdate 121221205	
Student Address 500 Editing St. 8	East Glacer Paru MT 54434
Donant / Cuardian Address	During Mt 59417
Individual Responsible for Placement Bonning fish	V .
Relationship to Student	Phone Number (106) 845-4866
Agency Responsible for Placement:	
Address (include city, state and zip code):	
Parent Signature This agreement will be returned to the parent/guardian after acc which will be charged to the parent/guardian for attendance. If agrees to pay the costs, if any, charged to the parent/guardian u	
Signature of Parent/Guardian:	Date: 04 28 202 1
State Agency/Court Request OR Group Home Representative S	ignature
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 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	중하다() (1986년 - 1987년 - 1987년 - 1987년 (1987년 1987년 1987년 - 1982년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 (1987년 1987년 1987년 - 1
■ NO TRANSPORTATION will be provided. Parent/gua	ardian will transport at own expense (Go to Section IV)
Transportation Provided by District of Choice/Placement	
Bus Service at No Cost	
	Residence \$ per (attach payment schedule)
Bus Service, charging State of Montana \$ per year (Individual Transportation Contract (3 miles from school/bus stop)
Transportation Provided by District of Residence	matrices, manaportation contract (a filles from sensor)
☐Bus Service at No Cost	
☐Bus Service, charging parent/guardian \$ per	
bus service, charging parent/guardian 5 per	(attach payment schedule)



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	s	\$(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)	 \$	\$	\$ (State of Montana)
District to District Placement	Tuition Waived	<u>\$</u>	\$ (District of Residence)
DISAPPROVES this Student Attendance Agreement			
Board Chair:			
Board Chair:Signature:		Date:	
Signature:		Date:	
Signature:			
Signature: B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance Agreement	required if transportat	ion and/or tuition is to	o be paid by the District
Signature: B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence)	required if transportat Agreement (only if no t	ion and/or tuition is to	o be paid by the District
Signature: B. DISTRICT OF RESIDENCE The Board of Trustees: APPROVES this Student Attendance Agreement (only of Residence) DISAPPROVES this Student Attendance AgreementACKNOWLEDGES receipt of this Student Attendance Agreement	required if transportat Agreement (only if no tonsible for tuition)	ion and/or tuition is to	o be paid by the District
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 Att	required if transportat Agreement (only if no tonsible for tuition)	ion and/or tuition is to	o be paid by the District tuition is charged by
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 Attendanc	required if transportat Agreement (only if no tonsible for tuition)	ion and/or tuition is to	o be paid by the District tuition is charged by
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 Attendance Attendance Attendance OR parent/guardian or state is responsed Chair: Board Chair: Signature:	required if transportat Agreement (only if no t onsible for tuition)	ion and/or tuition is to	o be paid by the District tuition is charged by
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 Attendance Attendance OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District of Residence OR parent/guardian or state is responded to the District OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:	required if transportat Agreement (only if no toonsible for tuition)	ion and/or tuition is to ransportation and/or Date:	o be paid by the District tuition is charged by

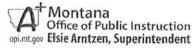


STUDENT ATTENDANCE AGREEMENT (FP-14)

School Year 201/ - 202

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) (sovoe) Birthdate Student Address Colacted MIT 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 \$_ (attach payment schedule) per 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 **Regular Education** Special Rate **Total Annual Tuition** (Check one and indicate the annual amounts of Regular Rate (Attach FP-14A) (Regular Education **Education, Special Rate and Total Annual Tuition** Rate + Special Rate) Parent/Guardian Request ☐ Tuition Waived Discretionary - Parent/Guardian requests to enroll (Parent/Guardian) □ \$ student outside District of Residence Mandatory - Elementary student to attend where high ___ Tuition Waived school age sibling(s) attends \$_ (Parent/Guardian) Mandatory - Student lives closer to school of choice ____ Tuition Waived 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 ___\$_ in District of Residence __\$_ (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. A. 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: ___ _____ Date: __ C. SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative: Signature:



STUDENT ATTENDANCE AGREEMENT (FP-14) School Year 20 21- 20 22

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

request that the following student be allowed to	o attend a school district outside the student's District of Residence
Student Name (last, first, middle initial)	
* PARSONS, TAKODA	+ R.C.
11-07-08	
Student Address P.O. BOX 487 EAST GL	ACIER PARK, MT 39434
Parent/Guardian Address	
11 17 11 11	17 71 17 11
Individual Responsible for Placement	
TRISTAN LORENZO	
Relationship to Student	Phone Number
MOTHER	404-470-0474
Agency Responsible for Placement: GLACI	ER
Address (include city, state and zip code):	59 1/2 BAST EDKINS ST. EAST GLACIOR, MT 5943
Parent Signature	the prof open of the control of the
	guardian after acceptance by the district of choice and will specify the costs, if any,
	r attendance. If the student attends under this agreement, the parent/guardian
	arent/guardian under the terms of this agreement.
U	11-22 21
Signature of Parent/Guardian:	Journal Date: 4-22-21
State Agency/Court Request OR Group Home R	Representative Signature
Signature of Official of State Agency/Court/Grou	up Home: Date:
ECTION II: TO BE COMPLETED BY DISTRIC	CT OF CHOICE/PLACEMENT
Student State ID	Student Grade
District of Choice/Placement	District of Residence
ndividual 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
ECTION III: TRANSPORTATION - TO BE CO	OMPLETED BY DISTRICT OF CHOICE/PLACEMENT
Transportation Provided by District of Choice/P	ed. Parent/guardian will transport at own expense (Go to Section IV)
Bus Service at No Cost	nacement
	OR District of Residence \$ per (attach payment schedule)
	per year (over-schedule costs only – attach documentation of costs)
	rdian under a TR-4 Individual Transportation Contract (3 miles from school/bus stop)
Transportation Provided by District of Residence	ce
☐Bus Service at No Cost	
☐Bus Service, charging parent/guardian \$	per (attach payment schedule)



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 rent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence Mandatory – Elementary student to attend where high	Regular Education Rate Tuition Waived State Tuition Waived	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate) \$
	school age sibling(s) attends	□ \$		\$ (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)
45.541.4	Mandatory – Geographic barrier prohibits attendance in District of Residence	Tuition Waived	\$	\$(District of Residence)
10000	te/Court Placement cludes foster and group home placements)	\$	\$	\$(State of Montana)
Dis	trict to District Placement	Tuition Waived	\$	\$(District of Residence)
	ignature below acknowledges receipt of the Student Attendance sent/Guardian, District of Residence, or the State of Montana a DISTRICT OF CHOICE/PLACEMENT The Board of Trustees: APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement			vill be charged to the
	Board Chair:Signature:		Date:	
В.	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.	SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative:	ent		
	Signature:		Date:	



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) Birthdate Individual Responsible for Placement Phone Number 406-450-2405 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 Signat 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 \$_ (attach payment schedule) per ☐ 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 \$__ (attach payment schedule) _per_ Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)



	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)
Par	ent/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)
	e/Court Placement udes foster and group home placements)	\$	 \$	\$ (State of Montana)
Dist	rict to District Placement	Tuition Waived	 \$	\$(District of Residence)
	APPROVES this Student Attendance Agreement DISAPPROVES this Student Attendance Agreement Board Chair:			
	Signature:		Date:	
	DISTRICT OF RESIDENCE The Board of Trustees:APPROVES this Student Attendance Agreement (only rof Residence)DISAPPROVES this Student Attendance AgreementACKNOWLEDGES receipt of this Student Attendance Agreement the District of Residence OR parent/guardian or state is responsed.	greement (only if no tronsible for tuition)	ansportation and/or t	
	Signature:			
C.	SUPERINTEDENT OF PUBLIC INSTRUCTION The Superintendent of Public Instruction:			
118	ACKNOWLEDGES receipt of this Student Attendance Agreeme	ent		
	OPI Representative:			
- 6	Signature:		Date:	