

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 9/26/19



-
- Recognition:** Students Staff Parents
Information: Building Report Old Business Superintendent's Report
Action: Resignation Hiring Contract Service Agreements
 Travel Out-of-State Travel In State Approvals
 Termination Legal Matters Other:
 This action request pertains to Elementary (only) High School/District Wide
-

Date: 9/17/19

To: **Corrina Guardipee-Hall**
 Superintendent

From: Teri DeRoche
Title: Director of Transportation

Subject: **Student Attendance Agreements 2019-2020**

Description: Request approval of Student Attendance Agreements for BPS students attending Cut Bank high school.

Financial Impact: none

Funding Source (Budget/grant, etc.): none

Attachment(s): Student Attendance Agreements

Approval: Superintendent's Office/Finance/Personnel as applicable (Initial) _____

Comments: _____

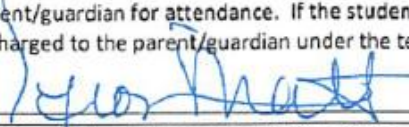
Board Action: N/A (Info) Approved Denied Tabled to: _____

STUDENT ATTENDANCE AGREEMENT (FP-14)

School Year 20¹⁹ - 20²⁰

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) J'Vohn Lopez	
Birthdate _____	
Student Address _____ Browning, MT 59417	
Parent/Guardian Address same	
Individual Responsible for Placement Georgia Matt & Krystin Onstad	
Relationship to Student grandmother & Mother	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: 8.27.19
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 10
District of Choice/Placement 15	District of Residence 9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement
Enrollment Start Date _____	Annual Pupil Instruction Days _____

SECTION III: TRANSPORTATION – TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT

NO TRANSPORTATION will be provided. Parent/guardian will transport at own expense (Go to Section IV)

Transportation Provided by District of Choice/Placement <input checked="" type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging <input type="checkbox"/> parent/guardian OR <input type="checkbox"/> District of Residence \$_____ per _____ (attach payment schedule) <input type="checkbox"/> Bus Service, charging State of Montana \$_____ per year (over-schedule costs only – attach documentation of costs) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (3 miles from school/bus stop)
Transportation Provided by District of Residence <input type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging parent/guardian \$_____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)

SECTION IV: TUITION COSTS – TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT

Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition)	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement (includes foster and group home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District to District Placement	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES

A signature below acknowledges receipt of the Student Attendance Agreement. Transportation and tuition will be charged to the Parent/Guardian, District of Residence, or the State of Montana as indicated in Sections III and IV.

A. DISTRICT OF CHOICE/PLACEMENT

The Board of Trustees:

- APPROVES this Student Attendance Agreement
 DISAPPROVES this Student Attendance Agreement

Board Chair: _____

Signature: _____

Date: 9-10-19

B. DISTRICT OF RESIDENCE

The Board of Trustees:

- APPROVES this Student Attendance Agreement (only required if transportation and/or tuition is to be paid by the District of Residence)
 DISAPPROVES this Student Attendance Agreement
 ACKNOWLEDGES receipt of this Student Attendance Agreement (only if no transportation and/or tuition is charged by the District of Residence OR parent/guardian or state is responsible for tuition)

Board Chair: _____

Signature: _____

Date: _____

C. SUPERINTENDENT OF PUBLIC INSTRUCTION

The Superintendent of Public Instruction:

ACKNOWLEDGES receipt of this Student Attendance Agreement

OPI Representative: _____

Signature: _____

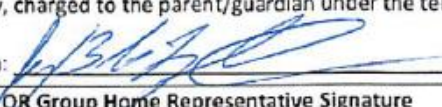
Date: _____

STUDENT ATTENDANCE AGREEMENT (FP-14)

School Year 2019 - 2020

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)	Lytle, Taylissa J.		
Birthdate			
Student Address	Cut Bank, MT 59427		
Parent/Guardian Address	same		
Individual Responsible for Placement	Jay Bob Lytle		
Relationship to Student	father	Phone Number	406-460-0125
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:	8-19-19
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	11
District of Choice/Placement	District of Residence	9
Individual Making Request <input checked="" type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> District to District Placement	
Enrollment Start Date	Annual Pupil Instruction Days	

SECTION III: TRANSPORTATION – TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT

NO TRANSPORTATION will be provided. Parent/guardian will transport at own expense (Go to Section IV)

Transportation Provided by District of Choice/Placement <input checked="" type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging <input type="checkbox"/> parent/guardian OR <input type="checkbox"/> District of Residence \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Bus Service, charging State of Montana \$ _____ per year (over-schedule costs only – attach documentation of costs) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (3 miles from school/bus stop)
Transportation Provided by District of Residence <input type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging parent/guardian \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)

SECTION IV: TUITION COSTS – TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT

Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition)	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	<input checked="" type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Student lives closer to school of choice and at least 3 miles from resident district school AND District of Residence does not provide transportation	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
State/Court Placement (includes foster and group home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
District to District Placement	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES

A signature below acknowledges receipt of the Student Attendance Agreement. Transportation and tuition will be charged to the Parent/Guardian, District of Residence, or the State of Montana as indicated in Sections III and IV.

A. DISTRICT OF CHOICE/PLACEMENT

The Board of Trustees:

APPROVES this Student Attendance Agreement
 DISAPPROVES this Student Attendance Agreement

Board Chair: _____

Signature: *Doyle E Ray* Date: 9-10-19

B. DISTRICT OF RESIDENCE

The Board of Trustees:

APPROVES this Student Attendance Agreement (only required if transportation and/or tuition is to be paid by the District of Residence)

DISAPPROVES this Student Attendance Agreement

ACKNOWLEDGES receipt of this Student Attendance Agreement (only if no transportation and/or tuition is charged by the District of Residence OR parent/guardian or state is responsible for tuition)

Board Chair: _____

Signature: _____ Date: _____

C. SUPERINTENDENT OF PUBLIC INSTRUCTION

The Superintendent of Public Instruction:

ACKNOWLEDGES receipt of this Student Attendance Agreement

OPI Representative: _____

Signature: _____ Date: _____