

# STUDENT ATTENDANCE AGREEMENT (FP-14)

School Year 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
<b>FOSTER OR GROUP HOME ONLY</b>	Student Address:	
<b>REQUIRED – NOT AGENCY ADDRESS</b>	Parent/Guardian Address	
Individual Responsible for Placement		
Relationship to Student		Phone Number
<b>FOSTER OR GROUP HOME ONLY</b>	Agency Responsible for Placement	
	Address (city, state, zip code)	
Only one signature required – <b>a group home may only sign in place of a parent.</b>	<b>Parent Signature</b> 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: _____	
	<b>State Agency/Court Request OR Group Home Representative Signature</b> 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 Parent/Guardian Court State Agency	Student Placement Group Home Placement Foster Home Placement District to District Placement
Enrollment Start Date	Annual Pupil Instruction Days

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

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

<b>Transportation Provided by District of Choice/Placement</b> Bus Service at No Cost Bus Service, charging __ parent/guardian <b>OR</b> __ 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)
<b>Transportation Provided by District of Residence</b> Bus Service at No Cost Bus Service, charging parent/guardian \$_____ per _____ (attach payment schedule) Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)

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

Type of Agreement (Check one and indicate the annual amounts of Regular Education, Special Rate and Total Annual Tuition)	Regular Education Rate	Special Rate (Attach FP-14A)	Total Annual Tuition (Regular Education Rate + Special Rate)
<b>Parent/Guardian Request</b> Discretionary – Parent/Guardian requests to enroll student outside District of Residence	___ Tuition Waived ___ \$		\$ _____ (Parent/Guardian)
Mandatory – Student to attend same school system as high school or elementary 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)
<b>Foster/Group Home Placement</b>	___ \$ _____ (District of Residence)	___ \$ _____ (State of Montana)	\$ _____ (Total)
<b>District to District Placement</b>	___ Tuition Waived ___ \$	___ \$	\$ _____ (District of Residence)

**SECTION V: AGREEMENTS AND SIGNATURES**

<i>Transportation and tuition will be charged as indicated in Sections III and IV.</i>	
<b>A. DISTRICT OF CHOICE/PLACEMENT</b>	
The Board of Trustees:	
___ APPROVES this Student Attendance Agreement	
___ DISAPPROVES this Student Attendance Agreement	
Board Chair _____	
Signature _____	Date: _____
<b>B. DISTRICT OF RESIDENCE</b>	
The Board of Trustees:	
___ APPROVES this Student Attendance Agreement	
___ DISAPPROVES this Student Attendance Agreement	
___ ACKNOWLEDGES receipt of this Student Attendance Agreement	
Board Chair _____	
Signature _____	Date _____
<b>C. SUPERINTENDENT OF PUBLIC INSTRUCTION (REQUIRED ONLY FOR FOSTER/GROUP HOME PLACEMENT)</b>	
The Superintendent of Public Instruction:	
ACKNOWLEDGES receipt of this Student Attendance Agreement	
OPI Representative _____	
Signature _____	Date _____