

# 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 <input type="radio"/> Parent/Guardian <input type="radio"/> Court <input type="radio"/> State Agency	Student Placement <input type="radio"/> Group Home Placement <input type="radio"/> Foster Home Placement <input type="radio"/> 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> <input type="radio"/> Bus Service at No Cost <input type="radio"/> Bus Service, charging <input type="checkbox"/> parent/guardian <b>OR</b> <input type="checkbox"/> District of Residence \$_____ per _____ (attach payment schedule) <input type="radio"/> Bus Service, charging State of Montana \$_____ per year (over-schedule costs only – attach documentation of costs) <input type="radio"/> 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> <input type="radio"/> Bus Service at No Cost <input type="radio"/> Bus Service, charging parent/guardian \$_____ per _____ (attach payment schedule) <input type="radio"/> 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	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Student to attend same school system as high school or elementary 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)
<b>Foster/Group Home Placement</b>	<input type="checkbox"/> \$ _____ (District of Residence)	<input type="checkbox"/> \$ _____ (State of Montana)	\$ _____ (Total)
<b>District to District Placement</b>	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (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 _____	