



**Additional Information**

Does the student have any learning needs of which we should be apprised?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student ever been suspended or expelled from any school?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My reason(s) for requesting to enter as an out of district student: (Additional information may be attached)

\_\_\_\_\_  
\_\_\_\_\_

**All** documents listed are required to be submitted with this application. If a document(s) are not included, please explain why. If there are not any behavior/discipline/special education/504 records, a statement from the resident school district stating this is sufficient).

- Academic Records (e.g. report card, transcript, etc.)
- Attendance Records
- Behavior/Discipline Records (the last three school years)
- Special Education Records
- 504 Plan
- Other (please explain) \_\_\_\_\_

Activities in which the student desires to participate, if transfer is approved:

\_\_\_\_\_  
\_\_\_\_\_

I understand I must provide transportation and that varsity level MHSa eligibility may be affected if my child is allowed to enter as an out of district student.

Acceptance as an out of district student will be based on the criteria set forth in Policy No. 3141 of the Billings Schools' Policies and Procedures.

I have read Policy 3141 and Procedure 3141 and agree to the conditions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For District Use Only**

Approve - School Placement: \_\_\_\_\_

Deny

\_\_\_\_\_  
K-12 Executive Director

\_\_\_\_\_  
Date

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OUT-OF-DISTRICT ATTENDANCE AGREEMENT (FP-14.1)

### School Year 2024 - 2025

#### SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN

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
Parent/Guardian Address (physical)	
Student Address (group home only)	
<b>Parent/Guardian Signature (or Group Home Manager, in Place of Parent/Guardian)</b> This agreement will be returned to the parent/guardian if accepted by the district of choice. The agreement will specify the costs, if any, such as transportation and other fees for which the parent/guardian may be charged. If the student attends under this agreement, the parent/guardian agrees to pay the applicable costs under the terms of this agreement. Signature of Parent/Guardian _____ Date: _____ Contact Phone Number _____	

#### SECTION II: TO BE COMPLETED BY DISTRICT OF ATTENDANCE

Student State ID	Student Grade
District of Attendance	District of Residence
Individual Making Request <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> District	Student Placement <input type="checkbox"/> Group 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 ATTENDANCE

**Transportation may be determined per, 20-5-320(2)(b), MCA:**

- Transportation is provided by the parent/guardian;
- Transportation can be provided by agreement of the district of residence and the district of attendance; or
- Transportation is discretionarily provided by the district of attendance.

*Select one of the following:*

<b>Transportation Provided by Parent/Guardian</b> <input type="checkbox"/> No transportation will be provided by the district of residence or the district of attendance. Parent/guardian will provide transportation
<b>Transportation is Discretionarily Provided by the District of Attendance</b> <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)
<b>Transportation Provided by Agreement of the District of Residence and the District of Choice</b> <input type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging <input type="checkbox"/> parent/guardian <b>OR</b> <input type="checkbox"/> District of Residence \$_____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (3 miles from school/bus stop)

**SECTION IV: TUITION COSTS – TO BE COMPLETED BY DISTRICT OF ATTENDANCE**

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)
<input type="checkbox"/> <b>Parent/Guardian Request</b>			
<input type="checkbox"/> Discretionary – Parent/Guardian requests to enroll student outside District of Residence	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mandatory – Student to attend same school system as high school or elementary age sibling(s) attends	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 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"/> Mandatory – Geographic barrier prohibits attendance in District of Residence	\$ _____	\$ _____	\$ _____

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)
<input type="checkbox"/> <b>Group Home Placement</b>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>District to District Placement</b>	\$ _____	\$ _____	\$ _____

**SECTION V: AGREEMENTS AND SIGNATURES**

*Transportation and tuition will be charged as indicated in Sections III and IV.*

<p><b>A. DISTRICT OF ATTENDANCE</b>            The Board of Trustees:            _____ APPROVES this Out-of-district Attendance Agreement            _____ DISAPPROVES this Out-of-district Attendance Agreement             Board Chair _____             Signature _____ Date: _____</p>
<p><b>B. DISTRICT OF RESIDENCE</b>            The Board of Trustees:            _____ APPROVES this Out-of-district Attendance Agreement            _____ DISAPPROVES this Out-of-district Attendance Agreement            _____ ACKNOWLEDGES receipt of this Out-of-district Attendance Agreement             Board Chair _____             Signature _____ Date _____</p>

**SECTION VI: DISTRICT OF RESIDENCE**

**District of Residence Determination 1-1-215, MCA (check one):**

<input type="checkbox"/>	The residence of the minor's parents.
<input type="checkbox"/>	If one of the parents is deceased or the parents do not share the same residence, the residence of the parent having legal custody.
<input type="checkbox"/>	If neither parent has legal custody, the residence of the legal guardian or custodian appointed by a court of competent jurisdiction (not a foster parent).
<input type="checkbox"/>	The district of residence for a child following the termination of parental rights and before a permanent placement is accomplished is the physical location of the district court that ordered termination.
<input type="checkbox"/>	The district of residence of a child whose custodial parent is incarcerated is the school district where the custodial parent resided prior to incarceration.
<input type="checkbox"/>	If there are questions concerning legal residency, consult with the agency responsible for the child's placement in the district.
<input type="checkbox"/>	In the case of controversy, the district court has jurisdiction over residence.