

## STUDENT ATTENDANCE AGREEMENT (FP-14.1)

### PARENT PLACEMENT OR DISTRICT TO DISTRICT AGREEMENT

School Year 20\_\_ - 20\_\_

#### 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:

<b>Student Name</b> (last, first, middle initial)	<b>Birthdate</b>
<b>Parent/Guardian</b> <b>Address (physical)</b>	
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 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: _____	

#### SECTION II: TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT

<b>Student State ID</b>	<b>Student Grade</b>
<b>District of Choice/Placement</b>	District of Residence
Individual Making Request Parent/Guardian District	Student Placement Group 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>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**

*Transportation and tuition will be charged 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: \_\_\_\_\_

**B. DISTRICT OF RESIDENCE**

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 \_\_\_\_\_

**District of Residence Determination (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"/>	In the case of controversy, the district court has jurisdiction over residence