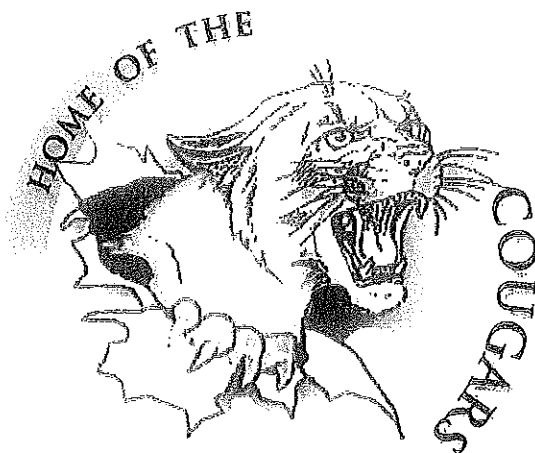


# CUSTER SCHOOL DISTRICT #15

PO BOX 69

CUSTER, MT 59024-0069

PHONE: 406-856-4117 FAX: 406-856-4206



May 21, 2019

Dear Parent/Guardian,

Enclosed please find the OPI Form FP-14 Student Attendance Agreement. **Please fill out Section I only** and return it to the front office. Nothing will change in regards to transportation or school for your child/children. Just as in the past, there is no tuition.

According to Board Policy, Out-of-District Transfer Students must reapply every year. The form that is included is a requirement by the Office of Public Instruction. This really does not change anything for our Out-of-District Transfer Students. It just fulfills the Board Policy and State requirements. Completion of this form will be considered your application for next year.

Thank you for your assistance in getting this form completed and returned. If you have any questions, feel free to call me.

Sincerely,

A handwritten signature in cursive script that reads "Marynell Perrin".

Marynell Perrin  
District Clerk  
Custer SD #15  
PO Box 69  
Custer, MT 59024

Encl

## 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	
Student Address	
Parent/Guardian Address	
Individual Responsible for Placement	
Relationship to Student	Phone Number
Agency Responsible for Placement:	
Address (include city, state and zip code):	
<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="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)

<b>Transportation Provided by District of Choice/Placement</b> <input 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)
<b>Transportation Provided by District of Residence</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)

**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 – 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)
<b>State/Court Placement</b> (includes foster and group home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<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**

*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: \_\_\_\_\_

**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: \_\_\_\_\_