

Office use only:  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Billings Public Schools  
Montana Resident  
Out of District Request to Enroll  
2026-2027 School Year

**(A new application must to be completed every year)**

\*Parent/Guardian complete and submit to K-5 or 6-12 Executive Directors' office.

415 North 30th Street, Billings, MT 59101

Final determination letter will be sent to parent/guardian.

**Student Information**

Student Name: \_\_\_\_\_  
First Name M.I. Last Name Suffix

Present Grade: \_\_\_\_\_ State ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Turns 18 on: \_\_\_\_\_

District of Residence School: \_\_\_\_\_ BPS School Requested: \_\_\_\_\_

Student Address: \_\_\_\_\_  
Street City State Zip

Current School Attending: \_\_\_\_\_ Desired Date of Enrollment: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_  
First Name M.I. Last Name Suffix

Parent/Guardian Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Lives with student

Legal Guardian

Parent/Guardian Name: \_\_\_\_\_  
First Name M.I. Last Name Suffix

Parent/Guardian Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Lives with student

Guardian

**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 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:

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. Printed Name of Parent/Guardian _____ 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	
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.
<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 or <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: AGREEMENTS AND SIGNATURES

### A. DISTRICT OF ATTENDANCE

The Board of Trustees:

\_\_\_\_\_ APPROVES this Out-of-District Attendance Agreement

\_\_\_\_\_ DISAPPROVES this Out-of-District Attendance Agreement (Provide explanation in Notes)

Board Chair \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### B. DISTRICT OF RESIDENCE

The Board of Trustees:

\_\_\_\_\_ ACKNOWLEDGES receipt of this Out-of-District Attendance Agreement\*

\_\_\_\_\_ APPROVES this Out-of-District Attendance Agreement

Board Chair \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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.  |

\* Tuition rates determined in accordance with 20-5-323, MCA.

Notes: