

Out of District Elementary



STUDENT ATTENDANCE AGREEMENT (FP-14) School Year 2017 - 2018

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):	
<p>Parent Signature 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.</p> <p>Signature of Parent/Guardian: _____ Date: _____</p>	
<p>State Agency/Court Request OR Group Home Representative Signature</p> <p>Signature of Official of State Agency/Court/Group Home: _____ Date: _____</p>	

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 Parent/Guardian Court State Agency	Student Placement Group Home Placement Foster 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)

<p>Transportation Provided by District of Choice/Placement</p> <p>Bus Service at No Cost</p> <p>Bus Service, charging ___ parent/guardian OR ___ District of Residence \$ _____ per _____ (attach payment schedule)</p> <p>Bus Service, charging State of Montana \$ _____ per year (over-schedule costs only – attach documentation of costs)</p> <p>Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (3 miles from school/bus stop)</p>
<p>Transportation Provided by District of Residence</p> <p>Bus Service at No Cost</p> <p>Bus Service, charging parent/guardian \$ _____ per _____ (attach payment schedule)</p> <p>Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)</p>

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)
Parent/Guardian Request Discretionary – Parent/Guardian requests to enroll student outside District of Residence	___ Tuition Waived ___ \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Elementary student to attend where high school 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)
State/Court Placement (includes foster and group home placements)	___ \$ _____	___ \$ _____	\$ _____ (State of Montana)
District to District Placement	___ Tuition Waived ___ \$ _____	___ \$ _____	\$ _____ (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: _____ Dr. Greta Besch Moen

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: _____