



Montana  
Office of Public Instruction  
Denise Juneau, State Superintendent

opi.mt.gov

**STUDENT ATTENDANCE AGREEMENT**  
School Year 2016 - 2017

**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)	
Grade (for year of attendance)	Birth Date Mo                      Day                      Year
Student Address	City/State/Zip Code
Parent/Guardian Address (if different)	City/State/Zip Code
Name of Parent/Guardian or Group Home Representative -OR- Name and Title of Official of State Agency/Court Responsible for Placement (print)	Telephone Number
Representing (name and address of state agency/court/group home, if state agency/court request OR completed by group home manager on behalf of parent/guardian)	
<p><b>Parent Request</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.</p> <p>Signature of Parent/Guardian: _____ Date: _____</p>	
<p><b>State Agency/Court Request OR Group Home Representative</b></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	District Last Attended
District of Choice/Placement Billings Public Schools /	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
First Date of Attendance	Annual Pupil Instruction Days

**SECTION III: TRANSPORTATION – TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT AND DISTRICT OF RESIDENCE**

**NO TRANSPORTATION** will be provided. Parent/guardian will transport at own expense. (**GO TO SECTION IV**)

Check all that apply	<p><b>District of Choice/Placement:</b></p> <input type="checkbox"/> Bus service, at NO COST <input type="checkbox"/> Bus service, charging parents \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Bus service, charging 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 (over 3 miles from school or bus stop)
	<p><b>District of Residence:</b></p> <input type="checkbox"/> Bus service, at NO COST <input type="checkbox"/> Bus service, charging parent \$ _____ per _____ (attach payment schedule) <input type="checkbox"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (over 3 miles from school or bus stop)

**SECTION IV: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT**

TYPE OF AGREEMENT	REGULAR ED RATE	SPECIAL RATE (ATTACH FP-14A) Option A-Line 10a or 10b Option B-Line 22 Option C-Line 26 w/o Disabilities-Line 38	TOTAL ANNUAL TUITION (Enter ONLY the annualized amount – payee in parenthesis)
Check One and Indicate the <u>Annual</u> Amount of Regular Ed, Special Rate and Total Tuition			
<b>Parent/Guardian Request:</b> <input type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student outside district of residence. →	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends. →	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="checkbox"/> Mandatory Student lives closer to school of choice and at least 3 miles from resident district school AND district of residence provides no bus service or mileage reimbursements. →	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<input type="checkbox"/> 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 State/Court Foster and State/Court/Parental Group Home placements) → <input type="checkbox"/> Mandatory	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<b>District-to-District Placement:</b> <input type="checkbox"/> Discretionary →	<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 form. If transportation is provided and tuition is not waived, tuition will be charged to the parent/guardian, district of residence or state of Montana as indicated in Sections III and IV above.

**A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements**  
 The Board of Trustees:  
 APPROVES this attendance agreement  
 DISAPPROVES this attendance agreement

Print Name of Chairperson, Board of Trustees: Dr. Greta Besch Moen

Signature of Chairperson, District of Choice/Placement: \_\_\_\_\_ Date: \_\_\_\_\_

**B. DISTRICT OF RESIDENCE**  
 The Board of Trustees:  
 APPROVES this attendance agreement (**ONLY** if transportation is charged and/or district is charged tuition)  
 DISAPPROVES this attendance agreement  
 ACKNOWLEDGES receipt of this attendance agreement (**ONLY** if no transportation is charged and tuition is waived OR parent is charged tuition)

Print Name of Chairperson, Board of Trustees: \_\_\_\_\_

Signature of Chairperson, District of Residence: \_\_\_\_\_ Date: \_\_\_\_\_

**C. SUPERINTENDENT OF PUBLIC INSTRUCTION (Required only for State/Court/Group Home Placement)**  
 The Superintendent of Public Instruction:  
 ACKNOWLEDGES receipt of this attendance agreement

Print Name of OPI Representative: \_\_\_\_\_

Signature of OPI Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION VI: TIMELINES**

Date Initial Agreement Received (District of Choice/Placement)	Date Agreement Approved/Disapproved (District of Choice/Placement)
Date Agreement Received (Resident District)	Date Agreement Approved/Disapproved/ Acknowledged Receipt of (Resident District)