

## 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><br>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<br><input type="checkbox"/> Parent/Guardian<br><input type="checkbox"/> Court<br><input type="checkbox"/> State Agency | Student Placement<br><input type="checkbox"/> Group Home Placement<br><input type="checkbox"/> Foster Home Placement<br><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><br><input type="checkbox"/> Bus Service at No Cost<br><input type="checkbox"/> Bus Service, charging <input type="checkbox"/> parent/guardian OR <input type="checkbox"/> District of Residence \$ _____ per _____ (attach payment schedule)<br><input type="checkbox"/> Bus Service, charging State of Montana \$ _____ per year (over-schedule costs only – attach documentation of costs)<br><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><br><input type="checkbox"/> Bus Service at No Cost<br><input type="checkbox"/> Bus Service, charging parent/guardian \$ _____ per _____ (attach payment schedule)<br><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<br>(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><br>Discretionary – Parent/Guardian requests to enroll student outside District of Residence  | <input type="checkbox"/> Tuition Waived<br><input type="checkbox"/> \$ _____ |                                   | \$ _____<br>(Parent/Guardian)                                |
| Mandatory – Elementary student to attend where high school age sibling(s) attends   | <input type="checkbox"/> Tuition Waived<br><input type="checkbox"/> \$ _____ |                                   | \$ _____<br>(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<br><input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ | \$ _____<br>(District of Residence)                          |
| Mandatory – Geographic barrier prohibits attendance in District of Residence  | <input type="checkbox"/> Tuition Waived<br><input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ | \$ _____<br>(District of Residence)                          |
| <b>State/Court Placement</b><br>(includes foster and group home placements)   | <input type="checkbox"/> \$ _____  | <input type="checkbox"/> \$ _____ | \$ _____<br>(State of Montana)                               |
| <b>District to District Placement</b>   | <input type="checkbox"/> Tuition Waived<br><input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ | \$ _____<br>(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. SUPERINTEDENT OF PUBLICINSTRUCTION**

The Superintendent of Public Instruction:

ACKNOWLEDGES receipt of this Student Attendance Agreement

OPI Representative: \_\_\_\_\_

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