

STUDENT ATTENDANCE AGREEMENT (FP-14.1)

PARENT PLACEMENT OR DISTRICT TO DISTRICT AGREEMENT

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)	
Parent/Guardian 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. Signature of Parent/Guardian _____ 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="radio"/> Parent/Guardian <input type="radio"/> District	Student Placement <input type="radio"/> Group Home Placement <input type="radio"/> 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)

Transportation Provided by District of Choice/Placement <input type="radio"/> Bus Service at No Cost <input type="radio"/> Bus Service, charging <input type="checkbox"/> parent/guardian OR <input type="checkbox"/> District of Residence \$_____ per _____ (attach payment schedule) <input type="radio"/> Bus Service, charging State of Montana \$_____ per year (over-schedule costs only – attach documentation of costs) <input type="radio"/> Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (3 miles from school/bus stop)
Transportation Provided by District of Residence <input type="radio"/> Bus Service at No Cost <input type="radio"/> Bus Service, charging parent/guardian \$_____ per _____ (attach payment schedule) <input type="radio"/> 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)
Parent/Guardian Request			
<input type="radio"/> Discretionary – Parent/Guardian requests to enroll student outside District of Residence	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="radio"/> Mandatory – Student to attend same school system as high school or elementary age sibling(s) attends	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
<input type="radio"/> 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)
<input type="radio"/> Mandatory – Geographic barrier prohibits attendance in District of Residence	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
Group Home Placement			
<input type="radio"/>	<input checked="" type="checkbox"/> \$ _____ (District of Residence)	<input type="checkbox"/> \$ _____ (State of Montana)	\$ _____ (Total)
District to District Placement			
<input type="radio"/>	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES

Transportation and tuition will be charged 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
 _____ DISAPPROVES this Student Attendance Agreement
 _____ ACKNOWLEDGES receipt of this Student Attendance Agreement

 Board Chair _____
 Signature _____ Date _____

District of Residence Determination (check one):

<input type="radio"/>	The residence of the minor's parents
<input type="radio"/>	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="radio"/>	If there is a dispute over which parent determines the child's residence, the address of the parent with primary residential custody as determined by the court is the child's residence