

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
FOSTER OR GROUP HOME ONLY	Student Address:	
REQUIRED – NOT AGENCY ADDRESS	Parent/Guardian Address	
Individual Responsible for Placement		
Relationship to Student		Phone Number
FOSTER OR GROUP HOME ONLY	Agency Responsible for Placement	
	Address (city, state, zip code)	
Only one signature required – a group home may only sign in place of a parent.	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. Signature of Parent/Guardian _____ Date: _____	
	State Agency/Court Request OR Group Home Representative Signature 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 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)

Transportation Provided by District of Choice/Placement Bus Service at No Cost Bus Service, charging __ parent/guardian OR __ District of Residence \$_____ per _____ (attach payment schedule) Bus Service, charging State of Montana \$_____ per year (over-schedule costs only – attach documentation of costs) 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 Bus Service at No Cost Bus Service, charging parent/guardian \$_____ per _____ (attach payment schedule) 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 Discretionary – Parent/Guardian requests to enroll student outside District of Residence	___ Tuition Waived ___ \$		\$ _____ (Parent/Guardian)
Mandatory – Student to attend same school system as high school or elementary 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)
Foster/Group Home Placement	___ \$ _____ (District of Residence)	___ \$ _____ (State of Montana)	\$ _____ (Total)
District to District Placement	___ Tuition Waived ___ \$	___ \$	\$ _____ (District of Residence)

SECTION V: AGREEMENTS AND SIGNATURES

<i>Transportation and tuition will be charged as indicated in Sections III and IV.</i>	
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 _____	
C. SUPERINTEDENT OF PUBLIC INSTRUCTION (REQUIRED ONLY FOR FOSTER/GROUP HOME PLACEMENT) The Superintendent of Public Instruction: ACKNOWLEDGES receipt of this Student Attendance Agreement OPI Representative _____ Signature _____ Date _____	