

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) | Grade |
| Birth date | |
| 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): | |
| 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 <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 |
| 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)

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|---|
| Transportation Provided by District of Choice/Placement <input type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging <input type="checkbox"/> parent/guardian OR <input type="checkbox"/> 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 (3 miles from school/bus stop) |
| Transportation Provided by District of Residence <input type="checkbox"/> Bus Service at No Cost <input type="checkbox"/> Bus Service, charging parent/guardian \$_____ per _____ (attach payment schedule) <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 (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 | <input type="checkbox"/> Tuition Waived _____ \$ _____ | | \$ _____ (Parent/Guardian) |
| Mandatory – Elementary student to attend where high school age sibling(s) attends | <input type="checkbox"/> 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 | <input type="checkbox"/> Tuition Waived _____ \$ _____ | _____ \$ _____ | \$ _____ (District of Residence) |
| Mandatory – Geographic barrier prohibits attendance in District of Residence | <input type="checkbox"/> Tuition Waived _____ \$ _____ | _____ \$ _____ | \$ _____ (District of Residence) |
| State/Court Placement (includes foster and group home placements) | _____ \$ _____ | _____ \$ _____ | \$ _____ (State of Montana) |
| District to District Placement | <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. 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. SUPERINTENDENT OF PUBLIC INSTRUCTION

The Superintendent of Public Instruction:

ACKNOWLEDGES receipt of this Student Attendance Agreement

OPI Representative: _____

Signature: _____ Date: _____