



Montana  
Office of Public Instruction  
Denise Juneau, State Superintendent

opi.mt.gov

# STUDENT ATTENDANCE AGREEMENT

School Year 20\_\_\_\_ - 20\_\_\_\_  
(Elementary and High School)

**Instructions: (use separate form for each student)**

**Parent/Guardian or Official of Placing State Agency/Court or District:** Complete Part I and submit to clerk of District of Choice/Placement. Use one form for each student. You should receive a copy of the form back, indicating approval or denial.

**District of Choice/Placement:** Trustees may act on this application when submitted by a parent/guardian or placing state agency or court official.

However, the district may not count the student as an "eligible transportee" for state and county transportation reimbursement without the signature of the resident district on this application. **If approved:** send copies of the approved form to: 1) parent/guardian or official of the state agency/court; 2) clerk of the District of Residence; and 3) the Superintendent of Public Instruction, *if the state will pay tuition and/or transportation costs.* **If not approved:** send copies to parent/guardian or official of placing state agency/court.

**District of Residence:** Approval in **Section IV** is necessary to allow District of Choice/Placement to transport the non-resident student as an "eligible transportee" for purposes of state/county transportation reimbursement OR if District of Residence is responsible for paying tuition. **If approved,** send copies to: 1) parent/guardian or official of placing agency/court; 2) clerk of District of Choice/Placement; and 3) county superintendents of each county. **If not approved,** send copies to parent/guardian and District of Choice/Placement.

**Superintendent of Public Instruction:** OPI approval is required if the state will pay tuition or transportation. OPI must receive and approve this form NO LATER than June 30 in the year following attendance.

**SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN -OR- OFFICIAL OF STATE AGENCY/COURT**

I request that the following student be allowed to attend in a school district outside the student's District of Residence.

Student Name (Last, First, M.I.)	Grade (for year of attendance)
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State ID:	Birth Date (18 year olds are residents) Mo____ Day____ Year____	If Kinder (circle one) K Half or K Full
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Student Address	City/State/Zip Code
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District of Residence (Where parent resides--see 1-1-215, MCA)	What school district should be contacted for student records?
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District of Choice/Placement	Date Attendance will Begin:	Scheduled Number of Pupil Instruction Days:
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Individual Making Request: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Court <input type="checkbox"/> State Agency	Student Placement: <input type="checkbox"/> Foster Home Placement <input type="checkbox"/> Group Home Placement <input type="checkbox"/> District to District
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Name of Parent/Guardian -OR- Name and Title of Official of State Agency/Court Responsible for Placement: (print)	Telephone Number
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Representing (Name and Address of State Agency/Court, if State Agency/Court request)

**Parent Request**  
This agreement will be returned to the parent/guardian after approval/disapproval 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 him or her under the terms of this agreement.  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**State Agency/Court Request**  
Signature of Official of State Agency/Court: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II: TRANSPORTATION – TO BE COMPLETED BY DISTRICTS OF CHOICE/PLACEMENT AND RESIDENCE**

Parties must specify here the responsibilities and costs for transportation. Districts can charge for transporting nonresident students if costs exceed the amount reimbursed to the district by the state and county (i.e., may charge "over-schedule" costs). For parent requests, mileage reimbursements can be provided only for the distance from the home to the closest school or bus stop, less 3 miles each direction, regardless of which school district the student attends.

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

Check all that apply	<p><b>District of Choice/Placement will provide transportation:</b> In order to claim a non-resident student as an "eligible transportee" for purposes of state and county reimbursement, the approval of the District of Residence is required in Section IV. Without approval, the District of Choice/Placement may not transport the student at state/county expense.</p> <p><input type="checkbox"/> Bus service, at NO COST</p> <p><input type="checkbox"/> Bus service, charging parents \$_____ per _____ (attach payment schedule)</p> <p><input type="checkbox"/> Bus service, charging District of Residence \$_____ per _____ (attach payment schedule)</p> <p><input type="checkbox"/> Bus service, charging State of Montana \$_____ per year (over-schedule costs only -- attach documentation of costs)</p> <p><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> <p><b>District of Residence will provide transportation:</b></p> <p><input type="checkbox"/> Bus service, at NO COST</p> <p><input type="checkbox"/> Bus service, charging parent \$_____ per _____ (attach payment schedule)</p> <p><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>
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**SECTION III: TUITION COSTS - TO BE COMPLETED BY DISTRICT OF CHOICE/PLACEMENT**

"Mandatory" means the attendance meets criteria in Section 20-5-321, MCA. Both districts must accept the attendance request if any of the following is true: (a) Student lives closer to school the student wishes to attend, and more than 3 miles from own school, and the resident school does not provide bus transportation or mileage reimbursements; (b) The County Transportation Committee has determined that geographic barriers make it impractical for student to attend his own school; (c) Another child of the student's family must attend high school in a different elementary district, and the student can more conveniently attend the elementary district where the high school is located, AND the elementary student lives more than 3 miles from his own school; (d) Student is placed by court in youth care facility (abused, neglected, dependent, or youth in need of supervision); or (e) Student is placed in foster care or a group home by parent, state or court.

"Discretionary" (20-5-320, MCA) means conditions do not require mandatory acceptance. Trustees of either district may disapprove the application.

**NOTE:** Tuition for students in special education or students without disabilities who are placed in group homes or residential treatment facilities may include a regular education rate and an additional special rate. In that case, the tuition amount is the sum of the regular ed rate and the special rate.

<input type="checkbox"/> Tuition is <u>waived</u> . No tuition will be charged. <b>(GO TO SECTION IV)</b>	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 (Note: Prorate final charges based on days enrolled)
Check One and Indicate the <u>Annual</u> Amount of Tuition			
<b>Parent/Guardian Request:</b>			(Parent/Guardian)
<input type="checkbox"/> Discretionary - Parent/Guardian requests to enroll student <u>outside</u> district of residence.			(Parent/Guardian)
<input type="checkbox"/> Mandatory - Elementary student to attend where high school age sibling(s) attends.			(District of Residence)
<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.			(District of Residence)
<input type="checkbox"/> Mandatory - Geographic barrier prohibits attendance in District of Residence. District of Residence will be charged.			(State of Montana)
<b>State/Court Placement:</b>			(State of Montana)
(includes Parental & State/Court Foster and Group Home Placements) <input type="checkbox"/> Mandatory - The State of Montana will be charged. (See 20-5-323, MCA for allowable tuition charges.) <b>Mail completed form to:</b> Montana Office of Public Instruction PO Box 202501 Helena MT 59620-2501			(State of Montana)
<b>District-to-District Placement:</b>			(District of Residence)
(initiated by District of Residence) <input type="checkbox"/> Discretionary - District of Residence will be charged.			(District of Residence)

**SECTION IV: AGREEMENTS AND SIGNATURES**

**A. DISTRICT OF CHOICE/PLACEMENT – This signature is required for both discretionary and mandatory agreements.**

The Board of Trustees:

DISAPPROVES  APPROVES this application subject to receipt of transportation/tuition charges stated on the application.

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

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

**B. DISTRICT OF RESIDENCE – This signature or acknowledgement is required for both discretionary and mandatory agreements**  
DISCRETIONARY:

The Board of Trustees:

DOES NOT PERMIT  PERMITS the District of Choice/Placement to claim this student as an "ELIGIBLE TRANSPORTEE" for purposes of state and county transportation reimbursement.

DISAPPROVES  APPROVES this application allowing the student to enroll outside the District of Residence (choose one below)

District agrees to pay the costs of over-schedule transportation costs stated in Section II and tuition stated in Section III; OR

District has no obligation to pay tuition as stated in Section III above

MANDATORY:

The Board of Trustees:

ACKNOWLEDGES this application, allowing the student to enroll outside the District of Residence, and agrees to pay tuition stated in Section III (if applicable – MCA 20-5-324 (5)(a)) and over-schedule transportation costs stated in Section II, if any.

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

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

**C. SUPERINTENDENT OF PUBLIC INSTRUCTION - This signature is required if the State of Montana will be charged for any costs of tuition or transportation.**

MANDATORY ONLY:

The Superintendent of Public Instruction:

ACKNOWLEDGES this application and agrees to pay tuition stated in Section III, if any, and any over-schedule transportation costs stated in Section II, if any, subject to the state laws and administrative rules, on behalf of the State of Montana.

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

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

Payment Dates:

If PAID BY: District	Half by 12/31 and half by 6/15 of year following attendance year
Parent/guardian	During year of attendance, based on payment schedule provided by district policy
State	During year following year of attendance (once claim is submitted in MAEFAIRS)