

CORVALLIS SCHOOL DISTRICT #1
P. O. Box 700 / 1045 Main
Corvallis MT 59828
(406) 961-4211 Phone
(406) 961-5144 Fax

To Whom It May Concern:

Enclosed is the information you requested regarding out-of-district students.

Please review policy #3141. If you feel your child qualifies you will need to follow the steps outlined below:

- Complete the Out-of –District Student Attendance Application
- Submit one form for each child
- Return the form(s) to the appropriate school principal

Jason Wirt, Principal
Corvallis High School
PO Box 700
Corvallis, MT 59828
961-3201

Rich Durgin, Principal
Corvallis Middle School
PO Box 700
Corvallis, MT 59828
961-3007

Lisa Nagel, Principal
Corvallis Primary School
PO Box 700
Corvallis, MT 59828
961-3261

Once the form is submitted, the principal of the school reviews the request. A recommendation to approve or deny a request is made only with the full approval of the principal, superintendent and school board. The principal notifies the parent/guardian of their final decision to approve or deny the request.

STUDENTS

Discretionary Nonresident Student Attendance Policy

The Board, recognizing that its resident students need an orderly educational process and environment, free from disruption, overcrowding, and any kind of violence or disruptive influences, hereby establishes criteria for the discretionary admission of nonresident students.

Section 1

In addition to the requirements of § 20-5-321, MCA, the Corvallis School District may admit nonresident students who are foreign exchange students, a child in the immediate family of nonresident district employees, or nonresident students who have been enrolled and whose parent(s) move(s) out of the district. *These students will be considered for enrollment provided they meet the following standards.*

- Are in good standing with the most recently attended public school or accredited private school relative to academics, conduct, and attendance.
- Are able to demonstrate a record free of truancy.
- Are able to demonstrate a clean behavior record in the school last attended for a period of at least one year.
- Have correctly completed the nonresident student application form.
- Present no other educationally related detriment to the students of the district.
- Have not been expelled from another school district unless a legal reason compels the board to admit this student.

If space and resources are available, the board may admit any out of district students who meet the standards listed above.

Section 2

The Board reserves the right to charge tuition to nonresident students. At its discretion, the Board may charge or waive tuition for all students whose tuition is required to be paid by one kind of entity, defined as

either a parent or guardian or a school district. Any waiver of tuition will be applied equally to all students whose tuition is paid by the same kind of entity (i.e., if the District charges tuition in those circumstances where a resident district pays but waives tuition in those circumstances where a parent or guardian is responsible for tuition, the tuition waiver will be applicable to all students whose parents or guardians bear the responsibility for payment).

All nonresident students will be considered ineligible transportees for school transportation services (20-10-101, MCA).

The Board may declare an emergency which, in its opinion, necessitates the removal of all nonresident students from District schools.

All resident students who become nonresidents because their parents or guardians move out of the district may continue attendance for the semester, barring registration in another District. At the completion of the semester, a student must apply as a nonresident student.

Section 3

In order for current nonresident enrollees to attend the succeeding school year, principals shall submit a list of those recommended nonresident enrollees to the Board for approval by May 15th. Parents will be notified by the school administration if a student will or will not be recommended for continuing nonresident attendance. Admission in one school year does not infer or guarantee admission in subsequent years.

Policy History:

Adopted on: 12-8-98

Effective Date: 1-1-99

Revised on: 9-12-06

Revised on: 10-14-08

Revised on: 7-10-12

CORVALLIS SCHOOL DISTRICT
OUT-OF-DISTRICT STUDENT ATTENDANCE APPLICATION

Student Name: _____
Please Print

Last School Attended: _____ Grade: _____

Last School Address: _____

Last School Phone: _____

Parent/Guardian Name: _____

Address: _____
Street City State Zip

Phone: _____

School District you currently live in _____

Please provide a cover letter stating the reasons you want your child/children to attend the Corvallis School District.

Please provide proof of the following criteria (attach any appropriate documentation from previous school):

- 1) Student can provide a previous record free of truancy.
- 2) Student can demonstrate a clean behavior record in the school last attended for a period of at least one year.
- 3) Student has passing grades in school previously attended.
- 4) Student presents no other educationally related detriment to the students of the district.

By signing this form, the parent/guardian understands that criteria listed in attached policy 3141 must be met in order to be recommended for admission.

Signature Parent/Guardian _____

Dated: _____

Corvallis School District
OUT-OF-DISTRICT ATTENDANCE CONTRACT

Student Name: _____

Registration Date: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

City State Zip

Phone: _____

- Meets Criteria of Policy 3141
- Does not meet criteria of Policy 3141

1. Academics _____
2. Conduct _____
3. Attendance _____
4. Truancy _____
5. Criminal Record _____
6. Educationally related detriment to other students: _____

Other conditions:

I, the parent/guardian, agree to abide by the above mentioned criteria as a condition for continued attendance in the Corvallis School District.

Signature: Parent/Guardian Date: _____

Principal: _____ Superintendent: _____

Approved by Board of Trustees at the _____ meeting.
date

Signature: Board of Trustees Chairman

When all signatures are affixed, this form will be sent to the office of the principal to be filed in student's folder.

EDUCATIONAL AUTHORIZATION AFFIDAVIT CORVALLIS SCHOOL DISTRICT #1

The completion and signing of the affidavit before a notary public are sufficient to authorize educational enrollment and services and school-related medical care for the named child. Please print clearly.

The child named below lives in my home, and I am 18 years of age or older.

Name of child: _____

Child's date of birth: _____

My name (caretaker relative): _____

My date and year of birth: _____

My home address: _____

My relationship to the child: _____

(the caretaker relative must be an individual related by blood, marriage, or adoption by another individual to the child whose care is undertaken by the caretaker relative, but who is not a parent, foster parent, stepparent, or legal guardian of the child.)

I hereby certify that this affidavit is not being used for the purpose of circumventing school residency laws, to take advantage of a particular academic program or athletic activity, or for an otherwise unlawful purpose.

The child was subject to formal disciplinary action, including suspension or expulsion, at the child's previous school. The school may require the child to comply with a behavior contract as a condition of enrollment.

Check the following if true (all must be checked for this affidavit to apply):

A parent of the child identified above has left the child with me and has expressed no definite time period when the parent will return for the child.

The child is now residing with me on a full-time basis.

I am unable to locate or contact the parents of the child at this time to notify them of my intended authorization, or the parents refuse to regain custody of the child even though I have asked in writing that the parents do so.

No adequate provision, such as appointment of a guardian ad litem or execution of a power of attorney, has been made for enrollment of the child in school, other educational services, or educationally related medical services.

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT, OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH.

