

**Board of Trustees**

Garrett Lacy, Chrm.
Shona Bradshaw
Tom Burden
Eaf Parke

Drummond Public Schools Districts 11 & 2

P.O. Box 349, 108 West Edwards
Drummond, Montana 59832
High School – 406-288-3281
Elementary School – 406-288-3281



Dean Phillips, Supt.
Toby Wetsch, Clerk
Lisa Villa, Secretary

APPLICATION FOR ATTENDANCE NEW OUT-OF-DISTRICT STUDENT

For **NEW** Out of District Applicants, Drummond Schools has a rolling admission. However, no student may begin school until the Board of Trustees has approved the application and records have been processed from their current school district. Applications are approved at regular board meetings held on the second Monday of each month. A complete application includes this form, the out of district attendance agreement, and the TS4 Transportation form (if necessary). A Release of Records form must also be completed in order for the student to be admitted to Drummond Schools. These forms are available at the school office.

I hereby request that attendance in the Drummond Schools system be approved for the following named child

Name of student	Current School	Grade
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Name of Parent(s) _____

Address _____ Phone _____

1. Do you have concerns regarding your child's school attendance? Yes _____ No _____
Please describe your concerns.

2. Please describe any concerns you have regarding your child's academic needs, characteristics, or behaviors that impact your child's education. _____

3. Has your child been expelled, suspended (in-school or out-of-school), arrested, or cited for criminal behavior?
Yes _____ No _____

If yes, note the specific details: _____

Signature of parent or legal guardian	Date
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This application for attendance Out-of-District for this student is
____ Approved ____ Not Approved for attendance at the following school _____

Superintendent: _____ Board Chair: _____

"Whatever it takes..."

STUDENT ATTENDANCE AGREEMENT (FP-14.1)

PARENT PLACEMENT OR DISTRICT TO DISTRICT AGREEMENT

School Year 20²³ - 20²⁴

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 (or Group Home Manager, in Place of Parent/Guardian) 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 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

<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 _____	

District of Residence Determination (check one):

<input type="checkbox"/>	The residence of the minor's parents
<input type="checkbox"/>	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="checkbox"/>	In the case of controversy, the district court has jurisdiction over residence