

**REQUEST FOR ADMISSION TO LAME DEER PUBLIC SCHOOLS**  
**Out-of-District Student**

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A current transcript or the most recent report card from the previous school, a copy of the student's immunization record, birth certificate, social security number, Tribal affiliation, degree of Indian blood and tribal enrollment number must accompany this application.

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Date of Application \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box                      Physical address                      City      State      Zip

School District in which you reside: \_\_\_\_\_

Have you previously attended Lame Deer Schools? \_\_\_\_\_ At what grade level(s)? \_\_\_\_\_

If yes, date of last attendance in the Lame Deer School District: \_\_\_\_\_

What school did you last attend? (mandatory to obtain records) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

What grade did you last complete? \_\_\_\_\_ Date this grade was completed: \_\_\_\_\_

Where? \_\_\_\_\_

Normally my grades in school are (circle one)      A   B   C   D   F

If you previously attended school in Lame Deer, why did you decide to leave? \_\_\_\_\_

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If you have never attended school in Lame Deer, why have you decided to apply here? \_\_\_\_\_

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Do you owe for or need to return any materials to your last school? \_\_\_\_\_ (You must do so before receiving any grades from this district)

How many days of absence do you normally have in one school year? \_\_\_\_\_ What is the largest number of consecutive school days you have ever missed in one school year? \_\_\_\_\_ For what reason? \_\_\_\_\_

Have you ever been suspended or expelled from school? \_\_\_\_\_ For what offense? \_\_\_\_\_

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Have you ever been convicted of a crime, spent time in jail or on probation? \_\_\_\_\_ For what offense? \_\_\_\_\_

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How long do you plan to attend school in the Lame Deer School District? \_\_\_\_\_

I hereby declare that the responses given on this application are true to the best of my ability and understand that I may be asked to supply documented proof to support my answers. I also give Lame Deer School's administration permission to contact previous school(s) for records of attendance, discipline, academic progress, and residency. I understand that the district reserves the right to revoke my admission if information contrary to that supplied herein is discovered.

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Student Signature	Date	Parent/Guardian Signature	Date
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See attached Board Policy 3141

**Record of decision regarding application**

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Application received in full on \_\_\_\_\_.

Admission to Lame Deer School District is \_\_\_\_ approved \_\_\_\_ denied.

\_\_\_\_\_  
Superintendent's Signature Date

Appeal requested to the Board of Trustees \_\_\_\_\_  
Parent Signature Date

Appeal heard by Trustees on \_\_\_\_\_. Appeal to Trustees was \_\_\_\_ approved \_\_\_\_ denied.  
Date

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*This form and all requested information must be returned to:*

*Superintendent of Schools  
Lame Deer Public School District No. 6  
P.O. Box 96  
Lame Deer, MT 59043  
406-477-6305  
Fax 406-477-6535*

**Applications with missing documentation WILL NOT be considered.**

## STUDENT ATTENDANCE AGREEMENT (FP-14)

School Year 2018 - 2019

### 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	
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):	
<b>Parent Signature</b> 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: _____	
<b>State Agency/Court Request OR Group Home Representative Signature</b>	
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)

<b>Transportation Provided by District of Choice/Placement</b> <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)
<b>Transportation Provided by District of Residence</b> <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)
<b>Parent/Guardian Request</b> Discretionary – Parent/Guardian requests to enroll student outside District of Residence	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____		\$ _____ (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 <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	<input type="checkbox"/> Tuition Waived <input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (District of Residence)
<b>State/Court Placement</b> (includes foster and group home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (State of Montana)
<b>District to District Placement</b>	<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. SUPERINTEDENT OF PUBLIC INSTRUCTION**  
The Superintendent of Public Instruction:  
 ACKNOWLEDGES receipt of this Student Attendance Agreement  
  
 OPI Representative: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_