

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

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.

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? _____

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

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? _____

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

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.

Student Signature Date Parent/Guardian Signature Date

See attached Board Policy 3141

Record of decision regarding application

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

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 2020 - 2021

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):	
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)

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 <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)
State/Court Placement (includes foster and group home placements)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____ (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. SUPERINTEDENT OF PUBLIC INSTRUCTION

The Superintendent of Public Instruction:

ACKNOWLEDGES receipt of this Student Attendance Agreement

OPI Representative: _____

Signature: _____ Date: _____