



Charlo School District 7J

404 1st Avenue West
Box 10 - Charlo, MT 59824
(406) 644-2206 — FAX (406) 644-2400



Mar. 9, 2022

Dear Parent/Guardian:

Charlo Schools 7J is accepting non-resident applications for the 2022-2023 school year. Every non-resident student of the district who wishes to attend Charlo Schools must reapply for admission for the succeeding school year by July 1 each year. Admission in one year does not infer or guarantee admission in subsequent years.

The following forms must be completed and returned to the Charlo Schools Superintendent's office by July 1, 2022.

1. Student Attendance Agreement FP-14 Section 1 **(one per child)**
2. Form A **(one per family)**

The school board decision is final. Parents will be notified if their enrollment request has been denied by the trustees. If you have any questions please call 644-2206 ext 230.

Respectfully,

Steve Love
Superintendent, Charlo Schools

I, _____ would like to have my child attend Charlo Schools for the 2022-2023 school year. I have a copy of the School Board Policy #3141 on admission of Out-of-District students and have read it. I understand that if my children are admitted to Charlo Schools, I must reapply every year.

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Address _____

Phone #: _____ Cell #: _____

My Children are presently attending _____ School.

If your child does not currently attend Charlo Schools please include a copy of his/her most recent report card.

Please state in one paragraph why you are asking permission for your children to attend Charlo Schools.

STUDENT ATTENDANCE AGREEMENT (FP-14)

School Year 20__ - 20__

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):	
<p>Parent Signature</p> <p>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.</p> <p>Signature of Parent/Guardian: _____ Date: _____</p>	
<p>State Agency/Court Request OR Group Home Representative Signature</p> <p>Signature of Official of State Agency/Court/Group Home: _____ Date: _____</p>	

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 Parent/Guardian Court State Agency	Student Placement Group Home Placement Foster Home Placement 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)

<p>Transportation Provided by District of Choice/Placement</p> <p>Bus Service at No Cost</p> <p>Bus Service, charging ___ parent/guardian OR ___ District of Residence \$ _____ per _____ (attach payment schedule)</p> <p>Bus Service, charging State of Montana \$ _____ per year (over-schedule costs only – attach documentation of costs)</p> <p>Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (3 miles from school/bus stop)</p>
<p>Transportation Provided by District of Residence</p> <p>Bus Service at No Cost</p> <p>Bus Service, charging parent/guardian \$ _____ per _____ (attach payment schedule)</p> <p>Mileage reimbursement to the parent/guardian under a TR-4 Individual Transportation Contract (more than 3 miles school/bus stop)</p>

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	___ Tuition Waived ___ \$ _____		\$ _____ (Parent/Guardian)
Mandatory – Elementary student to attend where high school age sibling(s) attends	___ Tuition Waived ___ \$ _____		\$ _____ (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	___ Tuition Waived ___ \$ _____	___ \$ _____	\$ _____ (District of Residence)
Mandatory – Geographic barrier prohibits attendance in District of Residence	___ Tuition Waived ___ \$ _____	___ \$ _____	\$ _____ (District of Residence)
State/Court Placement (includes foster and group home placements)	___ \$ _____	___ \$ _____	\$ _____ (State of Montana)
District to District Placement	___ Tuition Waived ___ \$ _____	___ \$ _____	\$ _____ (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. SUPERINTENDENT OF PUBLIC INSTRUCTION

The Superintendent of Public Instruction:

ACKNOWLEDGES receipt of this Student Attendance Agreement

OPI Representative: _____

Signature: _____ Date: _____