

Recv: \_\_\_\_\_

# REQUEST FOR ADMISSION TO COLSTRIP SCHOOLS

OUT-OF-DISTRICT STUDENT

**Enrollment deadline: June 10**

School Year 19-20

Parent must provide: current and historical grades (transcripts) and results of standardized test scores (i.e. MAP, CRT, etc.) from previous school, a copy of the student's immunization record, a copy of the student's birth certificate, attendance record (showing good attendance and free of truancy,) and behavior record (showing appropriate behavior) from last school attended for at least a period for (1) year is required for ALL students.

DATE OF APPLICATION \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE FOR WHICH I AM APPLYING: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
PO Box Street (must have physical address) City State Zip

Email: \_\_\_\_\_

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

Have you previously attended Colstrip Schools? \_\_\_\_\_ For what grade level(s)? \_\_\_\_\_

Date of last attendance in the Colstrip School District: \_\_\_\_\_

What school did you last attend? \_\_\_\_\_

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 Colstrip, why did you decide to leave? \_\_\_\_\_

If you have never attended school in Colstrip, 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? \_\_\_\_\_

Do you have the necessary personal transportation options for getting to and from school? \_\_\_\_\_

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 Colstrip School District? \_\_\_\_\_

(Signatures required on back)

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 Colstrip's school administration permission to contact previous school(s) for clarification of: 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

**Applications with missing documentation WILL NOT be considered or eligible for appeal.**

**BOARD POLICY 3141: Out-of-district students not maintaining a previous continuous enrollment in Colstrip Schools must have correctly completed the out-of-district application process. Application for enrollment must be completed and received by June 10.**

**Record of decision regarding application:**

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

- Birth certificate
- Immunization record
- Historical grades (Transcript) and current Report card
- Standardized Test Scores
- Attendance record
- Clean behavior record

Room available on bus route (\_\_\_\_\_) Yes (\_\_\_\_\_) No \_\_\_\_\_  
Transportation Director signature date

Admission to Colstrip schools is (\_\_\_\_\_) approved) (\_\_\_\_\_) denied) \_\_\_\_\_  
Superintendent's signature date

Appeal requested to the Board of Trustees \_\_\_\_\_  
date

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

This form and all requested information must be returned to:

Superintendent of Schools  
Colstrip School District No. 19  
P.O. Box 159  
Colstrip, MT 59323  
Fax: 406-748-2268

## Colstrip School District

### STUDENTS

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#### 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.

1. Except as required by MCA 20-5-321, the District will admit nonresident students at its discretion. As such, the District will screen all nonresident students and consider only those who meet the criteria set forth in this policy.
2. The Superintendent or his/her designee is hereby given the authority to admit or deny a student's admission in accordance with this policy. Students denied admission by the Superintendent may appeal to the Board at the next regularly scheduled Board meeting. The Board shall make the final decision on admission.
3. Students moving into a contiguous school district that surrounds Colstrip School District #19 from a district outside the area, who had no chance of enrolling in the District as a first (1<sup>st</sup>) choice enrollment before June 10, will be considered for enrollment.
4. Out-of-district students not maintaining a previous continuous enrollment in Colstrip Schools will be subject to the following criteria when making application for enrollment and must provide proof of the following to the superintendent/designee before admission:

The student applying for enrollment must:

- A. Be at least 5 years old but not yet 19 years by September 10th of the school year in question. (MCA 20-5-101);
  - B. Be in good standing with the school(s) attended during the present and previous school year;
  - C. Provide the District with current and historical grades/transcripts and results of standardized NRT/CRT test scores;
  - D. Provide an attendance record free of truancy;
  - E. Provide a clean behavior record in the school last attended for a period of at least one (1) year;
  - F. Be within the district's established transportation routes or agree to provide personal transportation for the duration of enrollment in the district;
  - G. Have no criminal record; and have no history of inclusion on the Sex Offender Registry;
  - H. Have correctly completed the out-of-district application process.
- Application for enrollment must be completed and received by June 10.

The student will not be considered for admission if the student's enrollment would:

- A. Require hiring additional staff;
- B. Require additional educational services not currently provided in this school district;
- C. Create overcrowding of existing classes.

5. Nonresident students granted enrollment into the Colstrip Public Schools will be required to maintain good standing in the areas of academics, behavior and attendance. Grades 6-12 academic "good standing" is defined as a semester GPA greater than or equal to a 2.0. Behavior "good standing" is defined as a semester free from a Level 3 or higher infraction (K-12) as outlined in the *Discipline Handbook*. Attendance "good standing" is defined by 3122 *Attendance Policy* and 3122P *Attendance Policy Procedure*. Students will be placed on one semester's probation following loss of good standing. Failure to maintain good standing in any of these defined areas will result in loss of enrollment privileges in the Colstrip Public Schools. Nonresident students not in good standing will need to reapply for the next school year by the June 10<sup>th</sup> deadline.
6. Students not in "good standing" will be identified by the building administration through the school information system. Notification of probationary status will be mailed to parents and guardians by the building administration. The letter will state the area(s) of probation; academic, behavior and/or attendance.
7. The District reserves the right to consider additional criteria in the event unforeseen circumstances or requests present themselves.
8. The Board reserves the right to deny any student who is expelled from another school district.

All resident students who become nonresidents may continue attendance for the current semester, barring registration in another District. Those student(s) who become nonresidents must reapply for the following school semester or year according to (4 H) above.

The Board reserves the right to charge tuition for 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 if 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).

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

Legal Reference:	§ 20-5-314, MCA	Reciprocal attendance agreement with adjoining state or province
	§ 20-5-320, MCA	Attendance with discretionary approval
	§ 20-5-321, MCA	Attendance with mandatory approval – tuition and transportation
	§ 20-5-322, MCA	Residency determination – notification – appeal for attendance agreement
	§ 20-5-323, MCA	Tuition and transportation rates
	10.10.301B, ARM	Out-of-District Attendance Agreements

Policy History:

Adopted on: 08/11/03

Reviewed on: 03/07/2016, 04/11/2016

Revised on: 06/20/05, 03/23/09, 01/10/11, 04/08/13, 11/11/13, 3/10/14, 04/11/2016, 10/10/16

## STUDENT ATTENDANCE AGREEMENT (FP-14)

### School Year 2019- 2020

#### 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 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)

<b>Transportation Provided by District of Choice/Placement</b>	
<input type="checkbox"/>	Bus Service at No Cost
<input type="checkbox"/>	Bus Service, charging ___parent/guardian <b>OR</b> ___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	___ 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)
<b>State/Court Placement</b> (includes foster and group home placements)	___ \$ _____	___ \$ _____	\$ _____ (State of Montana)
<b>District to District Placement</b>	___ 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: \_\_\_\_\_