



TUITION REPORT (FP-15)

School Year 20__ - 20__

SECTION I: DISTRICT INFORMATION

| | |
|------------------|---------------|
| District Name | LE Number |
| District Contact | Contact Phone |
| Email Address | |

SECTION II: RESIDENT STUDENTS ATTENDING OUT OF STATE

| Student Name | State ID | Grade | Enrollment Start Date | Enrollment End Date | Tuition Paid by District | OPI Approved Tuition ** |
|---------------------------|----------|-------|-----------------------|---------------------|--------------------------|-------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| Total Tuition Paid | | | | | | |

SECTION III: RESIDENT STUDENTS ATTENDING DAY TREATMENT PROGRAMS

| Student Name | State ID | Grade | Enrollment Start Date | Enrollment End Date | Tuition Paid by District | OPI Approved Tuition ** |
|---------------------------|----------|-------|-----------------------|---------------------|--------------------------|-------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| Total Tuition Paid | | | | | | |



SECTION IV: AGREEMENTS AND SIGNATURES

A. DISTRICT OF RESIDENCE

The above students are resident students attending in another district out of state for the year indicated and the district paid tuition for their attendance; OR the above students are resident students attending a day treatment program under an approved IEP at a private, non-sectarian school for the year indicated and the district paid tuition for their attendance.

Print name of Board Chair: _____

Signature of Board Chair: _____

B. SUPERINTENDENT OF PUBLIC INSTRUCTION

Acknowledges receipt of the above agreement and authorizes payment for students approved under this agreement.

Print name of OPI Representative: _____

Signature of OPI Representative: _____

C. COUNTY SUPERINTENDENT

Acknowledges receipt of the Tuition Report.

Print name of County Superintendent: _____

Signature of County Superintendent: _____

Instructions:

1. District of Residence completes applicable Sections I, II and III (attach copies of invoices for each student). Attach additional copies of page 1 if necessary.
2. The Board Chair of the District of Residence completes Section IV. The District of Residence returns the report to the Office of Public Instruction.
3. The Office of Public Instruction reviews the report and determines the amount of tuition the District of Residence is entitled. The report is returned to the District of Residence:
 - a. Out of State Tuition: [20-5-323, MCA](#)
 - b. Day Treatment Tuition: [20-5-324, MCA](#)
4. The District of Residence sends a copy of the report to the County Superintendent for their records.

****NOTE:** Tuition payments are made for students enrolled in the district either on the Fall or Spring Count Date and the payment is the lesser of the amount of DSA the district would have been eligible for had the student been enrolled in the district or the amount of tuition paid by the district. *This document contains confidential information. The OPI's Student Records Confidentiality Policy requires the safeguarding of all student records. Forms submitted to the OPI should be clearly marked "Confidential" on the envelope.*