



Lavina K-12 Schools **NONRESIDENT STUDENT ATTENDANCE FORM**

1 form must be filled out per child

TO BE COMPLETED BY PARENT/GUARDIAN - OR - OFFICAL OF STATE AGENCY/COURT

NAME OF PARENT/GUARDIAN: _____

ADDRESS OF PARENT/GUARDIAN: _____

Address

City

State

Zip

ADDRESS OF STUDENT(S): _____

Address

City

State

Zip

PHONE NUMBER: _____ EMAIL ADDRESS: _____

STUDENT INFORMATION

I request the following student be allowed to attend Lavina School District #2, PO Box 290, Lavina, MT 59046 for the **2024-25** School Year.

STUDENT NAME	DOB	GRADE (next school YR)	DISTRICT OF RESIDENCE	CURRENT SCHOOL	ADMINISTRATION APPROVAL

Reason for Request:

Please check any of the following that apply to your child:

- ☐ My child has been truant as defined in Section 20-5-106, MCA, in the last school district he/she attended;
- ☐ My child has been expelled by another school district at any time; or
- ☐ My child has been suspended in another school district in any of the 3 school fiscal years preceding the school fiscal year for which attendance is requested.

Please check one of the following if they apply to your child:

- ☐ My child is a child of a Lavina School District employee.
- ☐ My child was a previously enrolled student at Lavina School District.
- ☐ My child is a sibling of a student who was previously enrolled the prior year in the Lavina School District as a nonresident student.

Signature of Parent or Guardian

Date

Adopted On:

Revised On: