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

1 form must be filled out per child

TO BE COMPLETED BY PARENT/GUARDIAN - OR - OFFICIAL 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: 04/14/26