

## Regular Board Meeting

### Parshall School District #3

High School  
601 N Main Street  
PO Box 158  
Parshall, ND 58770  
701-862-3129  
Fax 701-862-3801

Elementary School  
211 1<sup>st</sup> Street NW  
PO Box 69  
Parshall, ND 58770  
701-862-3417  
Fax 701-862-3419



## Agenda

Wednesday, September 13, 2023 5:30 PM

- I. Call to Order
- II. Roll Call
- III. Pledge of Allegiance
- IV. Approve Agenda
- V. Consideration to Approve Consent Agenda
  - V.A. Minutes
  - V.B. Bills for Payment
  - V.C. Financial Report
- VI. Reports
  - VI.A. Superintendent
  - VI.B. Secondary Principal
  - VI.C. Elementary Principal
  - VI.D. Assistant Principal
  - VI.E. Athletic Director
- VII. Committees
  - VII.A. Health & Safety - Curriculum and Technology
  - VII.B. Housing & Transportation
  - VII.C. Finance
  - VII.D. LIEC
  - VII.E. Policies
- VIII. Old Business
- IX. New Business
  - IX.A. Mill Levy
  - IX.B. TSI - Report
- X. Personnel
  - X.A. Tuition Agreements
- XI. Set Date & Time for Next Regular Meeting  
October 11th @ 5:30 pm
- XII. Adjourn



PARSHALL SCHOOL DISTRICT #3  
Regular School Board Meeting

August 3<sup>rd</sup>, 2023

A Regular Meeting of the Parshall School Board was held on Wednesday, August 3<sup>rd</sup>, 2023. The meeting was called to order at 5:30 p.m. by Pres. Jay Clauson. Board members present were: Jacobi Jarski, Jay Clauson, Anissa Hove, Tristen Folden & Felicia Dickens. Also present were Supt. Shane Sagert, Amber Cieslik, Tricia Wheeling, Shena Anderson & Shanaye Packineau-Williams.

A motion was made to approve the agenda by Jacobi Jarski, Seconded by Felicia Dickens. Motion carried unanimously.

A motion was made to approve the minutes of July 12<sup>th</sup>, 2023, by Jacobi Jarski, Seconded by Felicia Dickens. Motion carried unanimously.

A motion was made to approve the payment of the monthly bills by Jacobi Jarski, Seconded by Anissa Hove. Motion carried unanimously.

Supt. Sagert reported on the upcoming Professional Development schedule and presentations. Discussed housing issues and no smoking allowed in housing by anyone.

H.S. Principal discussed closed campus during lunch and semester testing.

Elementary Principal reported on upcoming group meetings with teachers. Open house is Tuesday August 15<sup>th</sup> from 4:30-6:30pm.

Housing discussion on window concerns on unit, tenants moving and filing of units.

Next LIEC meeting will be in September.

Policies discussed include BC, BCAA, FFD, FFK and KAAA. Discussion on expectations and additions of NDCC codes to policies. Motion to approve policy changes made by Jacobi Jarski, Seconded by Tristen Folden. Motion carried unanimously.

Old Business: None

New Business: DPI credited for lunches; audit went well.

Approval of H.S. Principal and Assistant Principal contracts and Superintendent and Elementary Addendums. Motion made by Jacobi Jarski and seconded by Anissa Hove. Motion carried unanimously.

The next regular meeting was scheduled for Wednesday, September 13<sup>th</sup>, 2023, 5:30 p.m.



A motion was made by Jacobi Jarski; seconded by Felicia Dickens to adjourn the meeting. Motion carried unanimously. Meeting adjourned at 6:27 p.m.

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Jay Clauson, President

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Shena Anderson, Business Manager



Invoice Listing - Detail

Batch Description: Sept 13 2023 Bills

Processing Month: 09/2023

Credit Card Vendor ID:

End of Fiscal Year Expense Invoices:

Vendor ID: BRADS BRAD'S TRUSTWORTHY HARDWARE

PO Number:

Invoice Number: 20230731

Amount: 380.80

Description: Hardware Supplies

Invoice Date: 08/09/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00

Sequence: 1 Check Type:

Checking Account ID:

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

01 701 000 410 3400 430

Housing repairs - Gray #2

259.05

N

01 000 000 000 2700 610

Air Filters, Truck Wash, Wipers, Hitch

121.75

N

Vendor ID: BUSINESS Business Essentials

PO Number:

Invoice Number: OE-QT-73092-1

Amount: 3,150.00

Description: 2 Pallets of Paper

Invoice Date: 08/10/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00

Sequence: 1 Check Type:

Checking Account ID:

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

01 000 040 140 1000 610

Inv #73092-1 - 1 Pallet of Paper

1,575.00

N

01 000 020 120 1000 610

Inv #73092-1 - 1 Pallet of Paper

1,575.00

N

Vendor ID: CIRCL CIRCLE SANITATION, INC.

PO Number:

Invoice Number: 20230820

Amount: 1,004.00

Description: Garbage Services

Invoice Date: 08/20/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00

Sequence: 1 Check Type:

Checking Account ID:

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

01 000 000 000 2600 410

Inv #5630918

436.00

N

01 000 000 000 2600 410

Inv #5630919

568.00

N

Vendor ID: CITY CITY OF PARSHALL

PO Number:

Invoice Number: 20230630

Amount: 779.21

Description: Utilities - Water

Invoice Date: 08/14/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00

Sequence: 1 Check Type:

Checking Account ID:

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

01 000 020 120 2600 410

Acct #412004 Elem

315.33

N

01 000 040 140 2600 410

Acct #415007 Bus Barn

53.06

N

01 000 000 000 2600 410

Acct #496002 Supt

76.74

N

01 000 040 140 2600 410

Acct #2731008 HS

334.08

N

Vendor ID: CLUTE CLUTE OFFICE EQUIPMENT

PO Number:

Invoice Number: 08312023

Amount: 2,157.19

Description: Copiers

Invoice Date: 08/22/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00

Sequence: 1 Check Type:

Checking Account ID:

Check Number:

Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

01 056 040 360 1000 730

Inv #230822-0003 Elem Copier Servicing

630.00

N

01 056 040 360 1000 730

Inv #230825-0053 Elem Workroom #4712

883.70

N

01 056 040 360 1000 730

Inv #230825-0054 HS 2nd FL Workrm #4713

55.36

N

01 056 040 360 1000 730

Inv #230825-0055 HS 1st FL Copy Rm #4714

179.00

N

01 056 040 360 1000 730

Inv #230825-0056 HS Office #4784

409.13

N

Vendor ID: CLUTE CLUTE OFFICE EQUIPMENT

PO Number:

Invoice Number: 230818-0001

Amount: 475.00

Description: Annual Billing ID #4874

Invoice Date: 08/18/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00

Sequence: 1 Check Type:

Checking Account ID:

Check Number:

Check Date:



Invoice Listing - Detail

<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 056 040 360 1000 730	Annual Billing ID #4874		475.00		N	
<b>Vendor ID: COMPU2      COMPUTER STORE</b>						
Description: Computer Supplies		PO Number:	Invoice Number: 429018		Amount:	3,332.00
Sequence: 1      Check Type:		Invoice Date: 08/16/2023      Due Date: 09/13/2023      Status: A	1099 Amount: 0.00			
Checking Account ID:		Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 000 000 000 2900 610	Inv #429018 - Ruckus Support (3 years)		3,332.00		N	
<b>Vendor ID: COMPU2      COMPUTER STORE</b>						
Description: Computer Supplies		PO Number:	Invoice Number: 429144		Amount:	539.00
Sequence: 1      Check Type:		Invoice Date: 08/23/2023      Due Date: 09/13/2023      Status: A	1099 Amount: 0.00			
Checking Account ID:		Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 000 040 140 2900 730	Keyscan Cards		539.00		N	
<b>Vendor ID: DAKOT7      DAKOTA TRUCK &amp; FARM SERVICE</b>						
Description: Bus Maintenance		PO Number:	Invoice Number: 1-292906		Amount:	1,596.98
Sequence: 1      Check Type:		Invoice Date: 08/07/2023      Due Date: 09/13/2023      Status: A	1099 Amount: 0.00			
Checking Account ID:		Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 000 000 000 2700 430	Inv #1-1292906 Bus #9 Maintenance		1,976.96		N	
01 000 000 000 2700 430	Inv #1-294297 Rtn Parts-Shock Absorber		(379.98)		N	
<b>Vendor ID: DAKOT7      DAKOTA TRUCK &amp; FARM SERVICE</b>						
Description: Bus Maintenance		PO Number:	Invoice Number: 1-293506		Amount:	2,819.92
Sequence: 1      Check Type:		Invoice Date: 08/16/2023      Due Date: 09/13/2023      Status: A	1099 Amount: 0.00			
Checking Account ID:		Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 000 000 000 2700 430	Inv #1-293506 Bus #3 Maintenance		2,819.92		N	
<b>Vendor ID: EASTSIDEJE      East Side Jersey Dairy, Inc.</b>						
Description: Food Services		PO Number:	Invoice Number: 20230831		Amount:	1,654.71
Sequence: 1      Check Type:		Invoice Date: 08/31/2023      Due Date: 09/13/2023      Status: A	1099 Amount: 0.00			
Checking Account ID:		Check Number:		Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
05 000 000 910 3100 630	Inv #4687833 HS - 12/09/22		165.32		N	
05 000 000 910 3100 630	Inv #4689826 HS - 06/13/23		62.60		N	
05 000 000 910 3100 630	Inv #4680343 HS		31.49		N	
05 000 000 910 3100 630	Inv #4680409 HS		128.60		N	
05 000 000 910 3100 630	Inv #4680446 HS		96.45		N	
05 000 000 910 3100 630	Inv #4686979 Elem - 9/27/22		279.22		N	
05 000 000 910 3100 630	Inv #4687794 Elem - 12/06/22		236.62		N	
05 000 000 910 3100 630	Inv #4687795 Elem - Reimb 12/06/22		(50.69)		N	
05 000 000 910 3100 630	Inv #4687876 Elem - Ovrpmt 12/12/22		(90.00)		N	
05 000 000 910 3100 630	Inv #4688598 Elem - Ovrpmt 02/14/23		(30.00)		N	
05 000 000 910 3100 630	Inv #4689763 Elem - 06/06/23		125.18		N	
05 000 000 910 3100 630	Inv #4680016 Elem - 07/04/23		31.30		N	



Invoice Listing - Detail

05 000 000 910 3100 630	Inv #4680072 Elem - 07/11/23	31.30	N
05 000 000 910 3100 630	Inv #4680117 Elem - 07/18/23	31.30	N
05 000 000 910 3100 630	Inv #4680176 Elem - 07/25/23	31.30	N
05 000 000 910 3100 630	Inv #4680344 Elem	188.92	N
05 000 000 910 3100 630	Inv #4680410 Elem	192.90	N
05 000 000 910 3100 630	Inv #4680447 Elem	192.90	N

**Vendor ID: ECKROTH**      **Eckroth Music**

Description: Musical Instruments

Sequence: 1      Check Type:

Checking Account ID:

PO Number:

Invoice Number: 4952596

Amount: 379.98

Invoice Date: 08/14/2023      Due Date: 09/13/2023      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

06 604 000 410 3400 610

Inv #4952596 Musical Instruments

379.98

N

**Vendor ID: ECOLA**

**ECOLAB**

Description: Cockroach/Rodent Program

Sequence: 1      Check Type:

Checking Account ID:

PO Number:

Invoice Number: 20230831

Amount: 254.38

Invoice Date: 08/31/2023      Due Date: 09/13/2023      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

01 000 020 120 2600 430

Inv #7502145-Dup Pmt 10/21/19

(105.21)

N

01 000 020 120 2600 430

Inv #3219677-Overpayment 10/21/20

(120.00)

N

01 000 020 120 2600 430

Inv #9518687-Service 05/09/23

112.13

N

01 000 020 120 2600 430

Inv #9970643-Service 07/13/23

112.13

N

01 000 020 120 2600 430

Inv #3202632-Service

112.13

N

01 000 040 140 2600 430

Inv #7314399-Dup Pmt 10/21/19

(97.20)

N

01 000 040 140 2600 430

Inv #7502144 -Dup Pmt 10/21/19

(97.20)

N

01 000 040 140 2600 430

Inv #9970642-Service 07/13/23

168.80

N

01 000 040 140 2600 430

Inv #3202631-Service

168.80

N

**Vendor ID: FIRSTW**

**FIRST WESTERN BANK**

Description: Credit Card

Sequence: 1      Check Type:

Checking Account ID:

PO Number:

Invoice Number: 20230831

Amount: 9,781.24

Invoice Date: 08/25/2023      Due Date: 09/13/2023      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

Chart of Account Number

Detail Description

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

01 000 000 100 2900 610

PO #F100 - Folders

34.92

N

01 000 020 120 1000 610

PO #103 - Shifting the Balance (5 books)

149.95

N

01 000 040 140 1000 610

PO #F102 - HDMI Cords

34.95

N

01 000 000 100 1000 730

BadgePass - Printer Ribbon

318.32

N

01 000 040 140 2900 810

DigitalOcean monthly

17.93

N

01 000 000 100 2900 610

PO #F100 - Wall Organizer

23.99

N

01 000 000 000 2310 610

Pizza/Water/Pop for Board Meeting

53.42

N

01 000 030 130 1000 610

PO #F108 - Manuevering the Middle

389.00

N

01 000 030 130 1000 610

PO #F109 - Mathgames.com

90.00

N

01 000 000 000 1000 610

PO #F110 - Office Supplies

83.64

N

01 000 040 140 1000 610

PO #F111 - Art Supplies

754.98

N

01 000 000 000 2310 530

Stamps.com

19.99

N

01 055 000 240 1000 610

PO #E243 - SV Grant

2,601.45

N



Invoice Listing - Detail

01 000 030 130 1000 610	PO #F107 - Headphones & Pencils	184.40	N
01 000 040 140 1000 610	PO #F106 - Attendance Book	27.14	N
01 055 000 240 1000 610	PO #F113 - Ink	119.79	N
01 000 030 130 1000 610	PO #F112 - Classrm Supplies - MS History	293.73	N
01 055 000 240 1000 610	PO #E348 - SV Grant	155.21	N
01 055 000 240 1000 610	PO #E320 - SV Grant	351.56	N
01 000 040 140 1000 610	PO #F116 - Classrm Supplies-HS Science	505.01	N
01 000 030 130 1000 610	PO #F114 - Classrm Supplies-MS Science	355.24	N
06 611 000 410 3400 610	PO #F115 - Hangers & Helmet #'s	75.96	N
06 611 000 410 3400 610	PO #F117 - Dry Line Chalk Machine	250.00	N
01 000 000 000 2310 610	BetterB Cafe - Breakfast Teacher in-serv	582.14	N
01 000 040 140 1000 610	PO #118 - Shop Class Supplies	490.00	N
01 055 000 240 1000 610	PO #121 - SV Grant	1,246.90	N
01 000 000 000 2500 730	12ft HDMI Cable	23.10	N
01 000 000 000 2500 730	Office Supplies-lice picks, command hook	25.19	N
01 000 000 000 2310 810	Interest Charge	60.33	N
05 000 000 910 3100 580	AC Hotel Marriott-J Bolkan - No Show	463.00	N

Vendor ID: HARLOW HARLOW'S BUS SALES INC PO Number: Invoice Number: 01W5688 Amount: 791.59

Description: Bus Repairs  
Sequence: 1 Check Type: Checking Account ID: Invoice Date: 08/11/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
01 000 000 000 2700 610 Inv #01W5688 - Bus 10 repairs 791.59 N

Vendor ID: HARTCHEY HART, CHEYANNEA PO Number: Invoice Number: REIM09072023 Amount: 73.05

Description: Fuel Receipt  
Sequence: 1 Check Type: Checking Account ID: Invoice Date: 09/07/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
06 611 000 410 3400 580 Reim for gas Suburban - XC meet 73.05 N

Vendor ID: IXLLEARNIN IXL Learning PO Number: Invoice Number: 1937439-2023-002 Amount: 3,400.00

Description: Quote - IXL Site License (100 students)  
Sequence: 1 Check Type: Checking Account ID: Invoice Date: 08/29/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
01 000 020 120 1000 810 Quote #1937439-2023-002 - PO #F138 3,400.00 N

Vendor ID: JOHNSONCON Johnson Controls Fire Protection LP PO Number: Invoice Number: 20230801 Amount: 1,892.80

Description: Annual Fire Alarm Agreement  
Sequence: 1 Check Type: Checking Account ID: Invoice Date: 08/01/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
01 000 020 120 2600 810 Inv #23674975 - Elem Fire Alarm Agreeemnt 1,012.91 N  
01 000 040 140 2600 810 Inv #23674996 - HS Fire Alarm Agreeemnt 879.89 N

Vendor ID: MINOT2 MINOT RESTAURANT SUPPLY PO Number: Invoice Number: D115349 Amount: 3,421.87



Invoice Listing - Detail

Description: Kitchen Supplies  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
01 000 000 000 2600 730 Inv #115349 - Kitchen Supplies

Invoice Date: 08/10/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
3,421.87 N

Vendor ID: MOBYMAX MobyMax, LLC  
Description: K-8 Curriculum  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
01 000 020 120 2120 640 Inv #450299 - K-8 Curric Schoolwide Lic

PO Number: Invoice Number: 450299 Amount: 1,995.00  
Invoice Date: 08/21/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
1,995.00 N

Vendor ID: NDCEL1 NDCEL  
Description: Fall Conference Registration  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
01 000 000 000 2320 810 Inv #34546 - Fall Conf Registration

PO Number: Invoice Number: 34546 Amount: 393.75  
Invoice Date: 08/10/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
393.75 N

Vendor ID: NDCEL1 NDCEL  
Description: Membership Renewal, NDASSP Dues  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
01 000 040 140 2410 810 Membership Renew; NDASSP Dues

PO Number: Invoice Number: 34573 Amount: 870.00  
Invoice Date: 08/13/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
870.00 N

Vendor ID: NDCEL1 NDCEL  
Description: Fall Conference Registration  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
01 000 020 120 2410 810 Inv #34791 - Tricia Fall Conference Reg

PO Number: Invoice Number: 34791 Amount: 375.00  
Invoice Date: 08/17/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
375.00 N

Vendor ID: NDCEL1 NDCEL  
Description: Fall Conference Registration  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
01 000 040 140 2410 810 Inv #34936 Fall Conf - Amber  
01 000 020 120 2120 810 Inv #365240 - Title IX Train - Goertzen  
01 000 040 140 2410 810 Inv #35072 - Title IX Training - Amber  
01 000 040 140 2410 810 Inv #35073 - Title IX Training - Shanaye  
06 601 000 410 3400 810 Inv #35001 - NDIAAA LTC - Michelle H

PO Number: Invoice Number: 8/2023 Registrations Amount: 1,100.00  
Invoice Date: 08/23/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
375.00 N  
100.00 N  
100.00 N  
275.00 N  
250.00 N

Vendor ID: NORTHERNPL Northern Plains Equipment  
Description: Parts  
Sequence: 1 Check Type: Checking Account ID:  
Chart of Account Number Detail Description  
01 000 000 000 2700 430 Inv# IE42621 - Head Gasket

PO Number: Invoice Number: IE42621 Amount: 19.95  
Invoice Date: 09/01/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00  
Check Number: Check Date:  
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
19.95 N



Invoice Listing - Detail

<b>Vendor ID: ODIN1</b>		<b>ODIN</b>	<b>PO Number:</b>	<b>Invoice Number: 23499</b>	<b>Amount:</b>	<b>118.00</b>
Description: Statewide Database Access			Invoice Date: 08/15/2023	Due Date: 09/13/2023	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 000 000 000 2220 610	Online Library Res - StWide Access 23-24		118.00		N	
<b>Vendor ID: OTIS</b>		<b>Otis Elevator Company</b>	<b>PO Number:</b>	<b>Invoice Number: F10000111609</b>	<b>Amount:</b>	<b>100.00</b>
Description: Service Contract			Invoice Date: 08/14/2023	Due Date: 09/13/2023	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 000 040 140 2600 810	Inv #F10000111609 Service Contract		100.00		N	
<b>Vendor ID: OTTERT</b>		<b>OTTER TAIL POWER CO</b>	<b>PO Number:</b>	<b>Invoice Number: 20230810</b>	<b>Amount:</b>	<b>8,384.41</b>
Description: Utilities-Electricity			Invoice Date: 08/10/2023	Due Date: 09/13/2023	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 000 000 000 2600 622	Acct #16031360 - Supt		121.01		N	
01 000 020 120 2600 622	Acct #13002834 - Elem		2,409.50		N	
01 000 040 140 2600 622	Acct #20001593 - HS		5,766.48		N	
01 000 000 000 2600 622	Acct #16031243 - Vacant (A Taft)		40.60		N	
01 000 000 000 2600 622	Acct #16031396 - Vacant		28.34	0.00	N	
01 000 000 000 2600 622	Acct #16031599 - Vacant		18.48		N	
<b>Vendor ID: PARINC</b>		<b>PAR, Inc</b>	<b>PO Number:</b>	<b>Invoice Number: 00242184</b>	<b>Amount:</b>	<b>772.00</b>
Description: Comprehensive Digital Kit			Invoice Date: 08/29/2023	Due Date: 09/13/2023	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 055 000 240 1000 610	Inv #242184 - Comprehensive Digital Kit		772.00		N	
<b>Vendor ID: PARSHS</b>		<b>PARSHALL FOOD PRIDE</b>	<b>PO Number:</b>	<b>Invoice Number: 20230731</b>	<b>Amount:</b>	<b>111.50</b>
Description: Food Supplies			Invoice Date: 07/31/2023	Due Date: 09/13/2023	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
06 601 000 410 3400 610	Code 370-Inv #26832 - Football Camp		102.21		N	
05 000 000 910 3100 630	Code 365-Inv #26765 - Hot Lunch		3.15		N	
05 000 000 910 3100 630	Code 365-Inv #26874 - Hot Lunch		34.15		N	
05 000 000 910 3100 630	Code 365-Inv #26997 - Hot Lunch		9.81		N	
05 000 000 910 3100 630	Code 365 Credit on Account		(37.82)		N	
<b>Vendor ID: PLAYVS</b>		<b>Play Versus, Inc.</b>	<b>PO Number:</b>	<b>Invoice Number: 4274</b>	<b>Amount:</b>	<b>2,399.76</b>
Description: Participation in Fall 2023 - Spring 2026			Invoice Date: 08/31/2023	Due Date: 09/13/2023	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
01 000 040 140 1000 610	Fall 2023 - Spring 2026 Season		2,399.76		N	



Invoice Listing - Detail

<b>Vendor ID: POLANCO</b>	<b>Polanco, Toni</b>	<b>PO Number:</b>	<b>Invoice Number: REIMBURSEMENT</b>	<b>Amount:</b>	<b>68.25</b>
Description: Reimbursement for Textbook		Invoice Date: 09/05/2023	Due Date: 09/13/2023 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 040 140 1000 610	Psychology book - WW Norton & Co		68.25		N
<u>In Full</u>					
<b>Vendor ID: PREBL</b>	<b>PREBLE MEDICAL SERVICES</b>	<b>PO Number:</b>	<b>Invoice Number: 6658</b>	<b>Amount:</b>	<b>56.00</b>
Description: DOT Drug Test		Invoice Date: 07/11/2023	Due Date: 09/13/2023 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 000 000 2310 300	Inv #6658 - Random T Albertson		56.00		N
<u>In Full</u>					
<b>Vendor ID: PROCO</b>	<b>PROCONTROLS MIDWEST</b>	<b>PO Number:</b>	<b>Invoice Number: Maint23-24</b>	<b>Amount:</b>	<b>8,886.00</b>
Description: High School Maintenance 23-24		Invoice Date: 08/10/2023	Due Date: 09/13/2023 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 040 140 2600 430	HS Maintenance 23-24		8,886.00		N
<u>In Full</u>					
<b>Vendor ID: RADISS</b>	<b>RADISSON INN</b>	<b>PO Number:</b>	<b>Invoice Number: 70133907</b>	<b>Amount:</b>	<b>259.20</b>
Description: Professional Development Conf		Invoice Date: 08/10/2023	Due Date: 09/13/2023 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 040 140 1000 580	Prof Development Conf - MHanson		259.20		N
<u>In Full</u>					
<b>Vendor ID: RTC</b>	<b>RESERVATION TELEPHONE CO-OP</b>	<b>PO Number:</b>	<b>Invoice Number: 20230731</b>	<b>Amount:</b>	<b>2,178.04</b>
Description: Telephone Services		Invoice Date: 08/01/2023	Due Date: 09/13/2023 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 000 000 2310 530	Acct #708000 - July		2,178.04		N
<u>In Full</u>					
<b>Vendor ID: SCHOOLDATE</b>	<b>School Datebooks</b>	<b>PO Number:</b>	<b>Invoice Number: S23-0263951</b>	<b>Amount:</b>	<b>1,006.84</b>
Description: Date books Order		Invoice Date: 07/21/2023	Due Date: 09/13/2023 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 020 120 1000 610	Inv #S23-0263951 Classic Primary Block		503.42		N
01 000 020 120 1000 610	Inv #S23-0268442 Elementary Matrix		503.42		N
<u>In Full</u>					
<b>Vendor ID: UNITEDQUA1</b>	<b>UNITED QUALITY COOPERATIVE</b>	<b>PO Number:</b>	<b>Invoice Number: 20230731</b>	<b>Amount:</b>	<b>1,366.64</b>
Description:		Invoice Date: 07/31/2023	Due Date: 09/13/2023 Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
01 000 000 000 2700 620	Filters for Buses/Vehicles		34.93		N
01 000 000 000 2700 610	Fuel for Buses		582.54		N
01 000 000 000 2600 424	Mower blades & Fuel		126.30		N
01 000 000 000 2600 620	Inv #JH4023 - LP Gas - 307 3rd St NW		622.87		N
<u>In Full</u>					



Invoice Listing - Detail

Vendor ID: UNITEDQUA1 UNITED QUALITY COOPERATIVE

Description: Fuel & Supplies

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

01 000 000 000 2600 424

Mower Fuel

01 000 000 000 2700 610

PO #F101 - Inv #JG7377

01 000 000 000 2600 620

Inv #102661 - Elem Propane

01 000 000 000 2600 620

Inv #102660 - HS Propane

01 000 000 000 2700 610

Fuel For Buses - August

01 000 000 000 2700 430

Finance Charge-July stmt

PO Number:

Invoice Number: 20230831

Amount:

5,978.08

Invoice Date: 08/31/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

40.32

N

226.00

N

760.95

N

2,143.86

N

2,786.45

N

20.50

N

Vendor ID: UNIAT UNIVERSAL ATHLETIC

Description: Football Pants

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

06 601 000 410 3400 730

Inv #802-0057534-01 Football Pants

PO Number:

Invoice Number: 802-0057534-01

Amount:

450.00

Invoice Date: 08/09/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

450.00

N

Vendor ID: USFOOD US FOODSERVICE

Description: Food Services

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

05 000 000 910 3100 630

Acct #83824730 Elementary-July

PO Number:

Invoice Number: 20230731

Amount:

670.40

Invoice Date: 07/31/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

670.40

0.00

N

Vendor ID: USFOOD US FOODSERVICE

Description: Food Services

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

05 000 000 910 3100 630

Acct #23826761 - High School-Aug

05 000 000 910 3100 630

Acct #13826763 - Elementary-Aug

PO Number:

Invoice Number: 20230831

Amount:

18,578.48

Invoice Date: 08/31/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

10,032.95

0.00

N

8,545.53

0.00

N

Vendor ID: VERIZO VERIZON WIRELESS

Description: Utilities

Sequence: 1

Check Type:

Checking Account ID:

Chart of Account Number

Detail Description

01 000 000 000 2310 530

Inv #9941180237

PO Number:

Invoice Number: 9941180237

Amount:

122.97

Invoice Date: 08/03/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00

Check Number:

Check Date:

Cost Center ID

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

122.97

N

Batch 1099 Total: 0.00

Batch Total: 94,143.99

Report 1099 Total: 0.00

Report Total: 94,143.99



# Parshall School District #3

High School  
601 N Main Street  
PO Box 158  
Parshall, ND 58770  
701-862-3129  
Fax 701-862-3801

Elementary School  
211 1<sup>st</sup> Street NW  
PO Box 69  
Parshall, ND 58770  
701-862-3417  
Fax 701-862-3419



## Superintendent

1. Goal and vision setting
  - Long term
    - Tackling Attendance Challenges book study will increase our ADA and ADM.
    - Work with McGough & Eng Tech for our elementary building project.
  - Short term
    - Impact aid reimbursement for FY 21 & FY 22.
    - ~~Hire all certified teachers.~~
    - ~~Consolidated Application~~
    - ~~STARS reports.~~
2. Board Relations
  - Committee meetings
    - LIEC ~ Native Pride
3. Operations and resource management
  - Budget 2023-24
4. Other Staff Development (~~Book Study Shifting the Balance Complete~~)
5. IT ~ working with RTC with technology issues
6. Curriculum
  - Implement new math curriculum.
7. Activity Mini buses pick up in Bismarck
8. NDSBA ~ School Board Conference

Pre K		7 <sup>th</sup>	19
Kindergarten	17	8 <sup>th</sup>	22
1 <sup>st</sup> Grade	30	9 <sup>th</sup>	17
2 <sup>nd</sup> Grade	26	10 <sup>th</sup>	19
3 <sup>rd</sup> Grade	14	11 <sup>th</sup>	22
4 <sup>th</sup> Grade	21	12 <sup>th</sup>	26
5 <sup>th</sup> Grade	19	Total	272
6 <sup>th</sup> Grade	20	Last Month	



# Parshall School District #3

High School  
601 N Main Street  
PO Box 158  
Parshall, ND 58770  
701-862-3129  
Fax 701-862-3801

Elementary School  
211 1<sup>st</sup> Street NW  
PO Box 69  
Parshall, ND 58770  
701-862-3417  
Fax 701-862-3419



	August	September	Difference
Booster Club	\$47,202.02	\$47,697.47	\$495.45
Checking Account	\$3,391,217.86	\$2,960,986.45	-\$430,231.41
Lunch Account	\$61,567.92	\$60,844.13	-\$723.79
Activities	\$179,503.31	\$168,769.12	-\$10,734.19
Building Fund	\$1,402,806.66	\$1,403,194.11	\$387.45
Backback Program	\$6,788.36	\$6,786.36	-\$2.00
Total	\$5,089,086.13	\$4,648,277.64	-\$440,808.49

\$100,000 has not been collected from the tribe.

Impact aid will not be reimbursed until end of next school year and it's not a certainty at this time.



July 31, 2023

Parshall School District  
PO Box 158  
Parshall, North Dakota 58770-158

Dear Administrator:

Congratulations! Parshall School District has been awarded accreditation by the North Central Association Commission on Accreditation and School Improvement (NCA CASI), the Northwest Accreditation Commission (NWAC) and the Southern Association of Colleges and Schools Council on Accreditation and School Improvement (SACS CASI). The three listed regional agencies provide your institution with a highly regarded accreditation that is recognized throughout the world.

The accreditation action was approved by the Cognia™ Global Commission at its meeting on July 31, 2023.

A certificate that indicates the term of your institution's accreditation is enclosed. Throughout this term of accreditation, Parshall School District must continue to engage in the responsibilities required of all institutions to maintain accreditation status as outlined in the *Cognia Accreditation and Certification Policies and Procedures* available at [www.cognia.org](http://www.cognia.org).

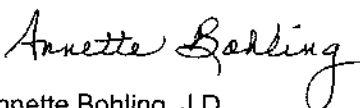
As an accredited institution, you are part of the Cognia global network: more than 36,000 schools and systems in 85 countries that are committed to continuous improvement through accreditation. Our state, national, and global offices offer a wide range of resources and services dedicated to institutional improvement. We would be happy to provide you with more information.

To help you announce and celebrate your accreditation, we are providing you with a press release that you may share with your local media. You can access the press release by visiting [cognia.org/communicationskit](http://cognia.org/communicationskit). In the kit, you also will find brochures, accreditation seals, and other promotional items to display your pride in your institution's accreditation and your commitment to continuous improvement.

If you have questions regarding the enclosed certificate, e-mail us at [accreditation.certificates@cognia.org](mailto:accreditation.certificates@cognia.org). Staff members at our Cognia Accreditation and Certification offices can also answer any questions you may have and can be reached at +1.678.392.2285 or [accreditationservices@cognia.org](mailto:accreditationservices@cognia.org).

We look forward to serving you now and in the future.

Sincerely,



Annette Bohling, J.D.  
Chief Global Accreditation Officer



## **September 2023**

### **Enrollment:**

High School Enrollment: 60

Middle School Enrollment: 81

Total Enrollment: 141

### **Attendance:**

Report by Jordan Short,

The 2023 fall semester has started mostly well. As of writing this letter on September 09, 2023:

- 52 students are currently listed as perfect attendance. (100%)
- 88 students have regular attendance. (95%+)
- 21 students have at-risk attendance (90-94.9%)
- 21 students have chronically absent attendance (80-89.9% attendance)
- 12 students have severely chronically absent attendance. (<80% attendance)

Current overall attendance stands at 93.6% ADA, compared to 87.3% ADA from fall 2022.

By grade, the values are:

- 12: 94.3%
- 11: 93.1%
- 10: 93.9%
- 9: 89.2%
- 8: 95.2%
- 7: 96.3%
- 6: 92.5%

### **Targeted Support and Improvements:**

PHS will attend meetings in Bismarck: PHS must have a team of 3-5 individuals including the school principal. There will be more information to follow after the meeting.

The Parshall Spring Enrollment report was submitted late therefore our pie does not show accurate data.

The areas that make up 29% of the pie that negatively affected our data are:

GED completion Rate

Choice Ready

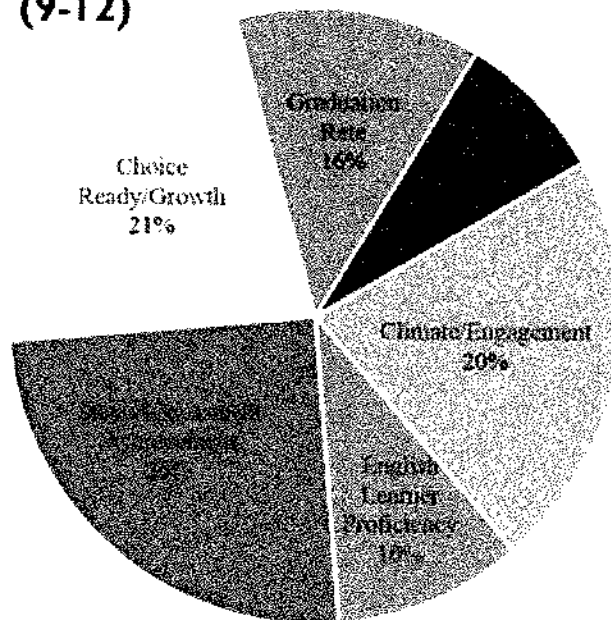
### **Understanding Accountability for HS:**

[Choice Ready Video](#)

Accountability PIE: ND Pie Chart Below.



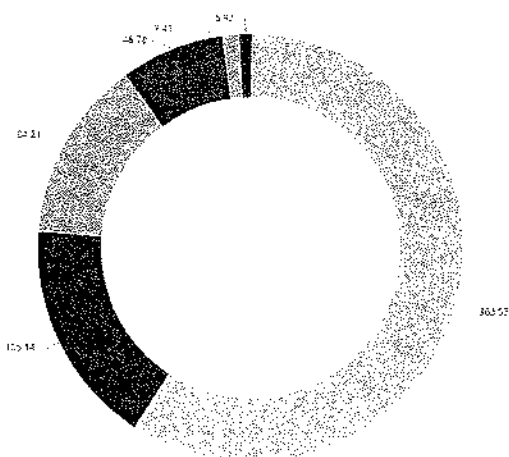
## High School (9-12)



## PHS Data:

School Support Status

Points Received  
251.46  
of 615



Legend:

- Not in Compliance
- Not in Compliance
- Not in Compliance
- Not in Compliance
- Not in Compliance
- Not in Compliance



**PHS Accountability Points:**

Choice Ready: 0 - Distributed to other categories

Student Engagement: 84.21

Student Achievement:

Math:5.92

ELA: 48.78

On - Time Graduation: 105.14

High School Completion Rate with GED: 7.41

English Learner Growth: 0 - Less than 10 students

Total points = 254.46

**ReportCards - Continued**

There will be no progress or report cards sent out this year unless a parent requests.

We will be pushing to use the power school system.

**Family Engagement:**

Open House - August 15, 2022 Middle and High School

PTC - September

Homecoming Activities - Parade - September 29, 2023.

Tools for Trade - Community Event - October 12-13, 2023



# NORTH DAKOTA CHOICE READY

The North Dakota **CHOICE READY** framework is a tool to assist educators to ensure all students successfully depart high school possessing the **ESSENTIAL SKILLS** necessary to be ready for life. The journey begins by ensuring students leave having the **ESSENTIAL SKILLS** to be successful for whichever path they choose. Students shall then strive to be **POST-SECONDARY READY, WORKFORCE READY, and/or MILITARY READY.**

## ESSENTIAL SKILLS

Earn a North Dakota high school diploma

Complete a 3-year Career Education Course/Individual Counseling (15.1-21.18), Financial Literacy (15.1-21.21), and pass ND Civics Test (15.1-21.27), Computer Science/Cybersecurity Requirement (15.1-21-02.2), and four or more additional indicators:

- 25 hours of Community Service
- Career Exploration Experience
- Two or More Years in Organized Extra-Curricular Activities
- Successfully Complete an Online Learning Course
- 95% Attendance (not counting school-related absences)
- Two or More Years in Organized Co-Curricular Activities
- Successfully Complete a Capstone Project
- Demonstrate Competency in 21st Century Skills

Students shall then complete two or more of the **CHOICE READY** components below.

## POST-SECONDARY READY

Complete a Four-Year Rolling Career Plan, and earn a 2.8 GPA or greater, and complete one academic indicator set below:

- ACT / SAT minimum or subsections scores:
- ACT English – 18
- ACT Reading – 22
- ACT Math – 21
- ACT Science – 23
- SAT Reading/Writing – 480
- SAT Math – 530

or  
Two or more additional indicators:

- Advanced Placement Course (A, B, or C) or (4, 3, or 2)
- Dual Credit Course (English or Math) (A, B, or C) or (4, 3, or 2)
- Algebra II (A, B, or C) or (4, 3, or 2)
- Advanced Placement Exam (3+)
- International Baccalaureate Exam (4+)
- 3.0 GPA in core course requirement for NDUS admission
- CREAM (Eng./Math) Course (70% or greater)
- Complete three Fine Arts Courses (A, B, or C) or (4, 3, or 2)

## WORKFORCE READY

Complete a Four-Year Rolling Career Plan, and complete two or more additional indicators:

- Complete three CTE courses or more (A, B, or C) or (4, 3, or 2)
- Complete Career Ready Practices (3.0)
- Dual Credit Course (A, B, or C) or (4, 3, or 2)
- WorkKeys (Gold or Silver)
- Technical Assessment/Industry Credential
- Workplace Learning Experience (40 hrs.)
- Work-based Learning Experience (Perkins V) (40hrs)
- NDSA (Reading/Math) Level 3 or greater or (ACT for Accountability: English – 19/Math – 22)
- Complete three World Language Courses (A, B, or C) or (4, 3, or 2)

## MILITARY READY

Complete a Four-Year Rolling Career Plan, ASVAB score of 31 or greater (as determined by branch), or acceptance into the military.

- Quality Citizenship (No Expulsions/Suspensions)
- Physically Fit - Successfully complete required PE courses (A, B, or C) or (4, 3, or 2)
- Complete two or more additional indicators from the Post-Secondary or Workforce options.
- Complete two credits of JROTC or Civil Air Patrol





## Elementary Principal Report - as of Sept 8, 2023

### **1. Short Term Goals:**

- Getting NWEA up and ready for start
- STAR assessments completed
- Finalizing SPED schedule
- Preparing for CKLA training coach
- Review of TSI designation and preparation for training

### **2. Staffing Changes and Concerns:**

- Still need PK and Para
- Enrollment Numbers: as of **September 8** - Total 129 students  
K (16) 1 (32) 2 (26) 3 (14) 4 (21) 5 (20)
- Three teachers need Praxis and classes

### **3. Attendance Letters**

- Letters went out to all families Sept 8 with percentages and absences as of 14 days

### **4. Attendance:**

- 21-22 Attendance overall 88%
- 22-23 Attendance overall at 89.3%
- **23-24 Attendance overall is at 91.8%**
- Attendance **Sept 7** (15 days)
- K - 91.4                      3 - 95.5
- 1 - 89.2                      4 - 94.4
- 2 - 89.7                      5 - 93.0
- **46 students with perfect attendance for August**
- Attendance categories for year as a whole:
  - Regular attendance - 68 students - 52.7%
  - At Risk attendance - 22 students - 17.05%
  - Chronic attendance - 22 students - 17.05%
  - Severe Chronic attendance - 17 students - 13.2%
- **For monthly data - we had 30.25% of student body considered Chronic or Severe Chronic attendance**



## **5. HB1388 - Science of Reading**

- CKLA coach will be here Sept 12-13 to go into rooms and watch/team teach CKLA lessons
- Scheduled for observations in classes
- Review lesson with teachers and Principal after
- Comes again in December

## **6. Family Engagement**

- #1 - Back to School Night - August 15th (4:30 - 6:30pm)
- #2 - Grandparent's Day Breakfast - September 11th (8:00 - 8:30am)

## **7. Upcoming Trainings:**

- August 18 - TSI Mandatory Webinar (1-2:00pm)
- Sept 14 - TSI Mandatory Training - Bismarck (9-5:00pm)
- Sept 18 - Digital Threat Assessment - NDLead - Garrison (8:00-4:00pm)
- October 4 - **Classroom Interventions for Behavior: Virtual Power Hours – Addressing Disruptive Behavior, Blurting Out, and Talking at Inappropriate Times** - Safe and Civil Schools - Webinar (3:30 - 4:30pm)
- October 11 - **Classroom Interventions for Behavior: Virtual Power Hours – Addressing Disrespectful Behavior to Peers and Adults** - Safe and Civil Schools - Webinar (3:30 - 4:30pm)
- October 18 - 20 NDCEL Conference - Bismarck
- October 25 - **Classroom Interventions for Behavior: Virtual Power Hours – Addressing Apathetic Behavior, Work Refusal, and Doing the Bare Minimum** - Safe and Civil Schools - Webinar (3:30 - 4:30pm)

## **8. Odds and Ends**

- Funeral leave for students:
  - Need clarification so everyone doing the same
  - Past has been 3 days for out of town
  - What are we going to do so everyone is the same?
  - Bring a funeral pamphlet?
  - Just want consistency



## COACHING CONTRACT - EXTRACURRICULAR CONTRACT

THIS CONTRACT is by and between Jay Clauson hereinafter referred to as COACH and SCHOOL.

WHEREAS COACH wishes to accept the position and rendering services as Head Coach (Coach, Asst. Coach, etc. in the PARSHALL SCHOOL DISTRICT for Football (name of sport/activity) season, as established by the North Dakota High School Athletic Association for the 2023-2024 school year and SCHOOL desires to employ COACH for the same term and purpose:

### THEREFORE, IT IS AGREED AS FOLLOWS:

#### 1) DUTIES OF THE COACH:

- a) COACH, before the execution to render services as are assigned by the Principal and/or Athletic Director.
- b) COACH, before the execution of this contract, has received, reviewed, executed and delivered to the Athletic Director/Superintendent completed:
  - i) Employment Eligibility Verification (I-9)
  - ii) Conviction Information Request (Fingerprinted) set-up time with Business Office
  - iii) Staff Information Sheet/W-4
  - iv) School Badge Policy
  - v) Complete required online courses for NDHSAA or other required certifications.
- c) Head Coach Expectations
  - i) Rules Clinic for Head Coach, C. C. P., Fundamentals of Coaching Course - completed within one (1) year of hire date.
  - ii) All certifications need to be handed in to the Business Office.

#### 2) EXPECTATIONS OF THE COACH

- a) Pre-Season - Inventory List
- b) Set-up a Parent/Player Meeting prior to the season.
- c) All sports physicals need to be turned into the Main Office – BEFORE the first practice.
- d) Check with the Main Office regarding paid Sport Fees.
- e) Coach must be last to leave - students CANNOT be unattended.
- f) Practice schedule provided to AD by the 2<sup>nd</sup> week of sport.
- g) Check student eligibility PRIOR to game day.
- h) Advance notice will be required or no facilities space will be provided. If a change is needed, it must be submitted forty eight (48) hours in advance.
- i) END OF SEASON -Turn into Main Office
  - i) Uniforms returned
  - ii) Completed Inventory Post Inventory List
  - iii) List of Missing Uniforms/Equipment
  - iv) Inform AD of damaged equipment that needs to be replaced
  - v) Purchase Order if it is the year for new uniforms/warm-ups, etc.

**The Athletic Director will inform the Business Office when all requirements are met and payment will follow.**

Years of Experience: 14

Contract Amount: \$ 5005

Signature: Jay Clauson

Date: 8/25/2023



## COACHING CONTRACT - EXTRACURRICULAR CONTRACT

THIS CONTRACT is by and between W Brien hereinafter referred to as COACH and SCHOOL.

WHEREAS COACH wishes to accept the position and rendering services as JH Coach (Coach, Asst. Coach, etc. in the PARSHALL SCHOOL DISTRICT for football (name of sport/activity) season, as established by the North Dakota High School Athletic Association for the 2023-2024 school year and SCHOOL desires to employ COACH for the same term and purpose:

### THEREFORE, IT IS AGREED AS FOLLOWS:

#### 1) DUTIES OF THE COACH:

- a) COACH, before the execution to render services as are assigned by the Principal and/or Athletic Director.
- b) COACH, before the execution of this contract, has received, reviewed, executed and delivered to the Athletic Director/Superintendent completed:
  - i) Employment Eligibility Verification (I-9)
  - ii) Conviction Information Request (Fingerprinted) set-up time with Business Office
  - iii) Staff Information Sheet/W-4
  - iv) School Badge Policy
  - v) Complete required online courses for NDHSAA or other required certifications.
- c) Head Coach Expectations
  - i) Rules Clinic for Head Coach, C. C. P., Fundamentals of Coaching Course - completed within one (1) year of hire date.
  - ii) All certifications need to be handed in to the Business Office.

#### 2) EXPECTATIONS OF THE COACH

- a) Pre-Season - Inventory List
- b) Set-up a Parent/Player Meeting prior to the season.
- c) All sports physicals need to be turned into the Main Office – BEFORE the first practice.
- d) Check with the Main Office regarding paid Sport Fees.
- e) Coach must be last to leave - students CANNOT be unattended.
- f) Practice schedule provided to AD by the 2<sup>nd</sup> week of sport.
- g) Check student eligibility PRIOR to game day.
- h) Advance notice will be required or no facilities space will be provided. If a change is needed, it must be submitted forty eight (48) hours in advance.
- i) END OF SEASON -Turn into Main Office
  - i) Uniforms returned
  - ii) Completed Inventory Post Inventory List
  - iii) List of Missing Uniforms/Equipment
  - iv) Inform AD of damaged equipment that needs to be replaced
  - v) Purchase Order if it is the year for new uniforms/warm-ups, etc.

*The Athletic Director will inform the Business Office when all requirements are met and payment will follow.*

Years of Experience: 1

Contract Amount: \$1644.25

Signature: Jerry J. Brien Date: 2-24-23



## COACHING CONTRACT - EXTRACURRICULAR CONTRACT

THIS CONTRACT is by and between Bandy Portra hereinafter referred to as COACH and SCHOOL.  
WHEREAS COACH wishes to accept the position and rendering services as JH Coach (Coach, Asst. Coach,  
etc. in the PARSHALL SCHOOL DISTRICT for football (name of sport/activity) season, as established  
by the North Dakota High School Athletic Association for the 2023-2024 school year and SCHOOL desires to employ COACH for  
the same term and purpose:

### THEREFORE, IT IS AGREED AS FOLLOWS:

#### 1) DUTIES OF THE COACH:

- a) COACH, before the execution to render services as are assigned by the Principal and/or Athletic Director.
- b) COACH, before the execution of this contract, has received, reviewed, executed and delivered to the Athletic Director/Superintendent completed:
  - i) Employment Eligibility Verification (I-9)
  - ii) Conviction Information Request (Fingerprinted) set-up time with Business Office
  - iii) Staff Information Sheet/W-4
  - iv) School Badge Policy
  - v) Complete required online courses for NDHSAA or other required certifications.
- c) Head Coach Expectations
  - i) Rules Clinic for Head Coach, C. C. P., Fundamentals of Coaching Course - completed within one (1) year of hire date.
  - ii) All certifications need to be handed in to the Business Office.

#### 2) EXPECTATIONS OF THE COACH

- a) Pre-Season - Inventory List
- b) Set-up a Parent/Player Meeting prior to the season.
- c) All sports physicals need to be turned into the Main Office – BEFORE the first practice.
- d) Check with the Main Office regarding paid Sport Fees.
- e) Coach must be last to leave - students CANNOT be unattended.
- f) Practice schedule provided to AD by the 2<sup>nd</sup> week of sport.
- g) Check student eligibility PRIOR to game day.
- h) Advance notice will be required or no facilities space will be provided. If a change is needed, it must be submitted forty eight (48) hours in advance.
- i) END OF SEASON -Turn into Main Office
  - i) Uniforms returned
  - ii) Completed Inventory Post Inventory List
  - iii) List of Missing Uniforms/Equipment
  - iv) Inform AD of damaged equipment that needs to be replaced
  - v) Purchase Order if it is the year for new uniforms/warm-ups, etc.

*The Athletic Director will inform the Business Office when all requirements are met and payment will follow.*

Years of Experience: 1

Contract Amount: 1044.25

Signature: 

Date: 8/24/23



## COACHING CONTRACT - EXTRACURRICULAR CONTRACT

THIS CONTRACT is by and between Peyton Twocrow hereinafter referred to as COACH and SCHOOL.

WHEREAS COACH wishes to accept the position and rendering services as Coach (Coach, Asst. Coach, etc. in the PARSHALL SCHOOL DISTRICT for Football (name of sport/activity) season, as established by the North Dakota High School Athletic Association for the 2023-2024 school year and SCHOOL desires to employ COACH for the same term and purpose:

### THEREFORE, IT IS AGREED AS FOLLOWS:

#### 1) DUTIES OF THE COACH:

- a) COACH, before the execution to render services as are assigned by the Principal and/or Athletic Director.
- b) COACH, before the execution of this contract, has received, reviewed, executed and delivered to the Athletic Director/Superintendent completed:
  - i) Employment Eligibility Verification (I-9)
  - ii) Conviction Information Request (Fingerprinted) set-up time with Business Office
  - iii) Staff Information Sheet/W-4
  - iv) School Badge Policy
  - v) Complete required online courses for NDHSAA or other required certifications.
- c) Head Coach Expectations
  - i) Rules Clinic for Head Coach, C. C. P., Fundamentals of Coaching Course - completed within one (1) year of hire date.
  - ii) All certifications need to be handed in to the Business Office.

#### 2) EXPECTATIONS OF THE COACH

- a) Pre-Season - Inventory List
- b) Set-up a Parent/Player Meeting prior to the season.
- c) All sports physicals need to be turned into the Main Office – BEFORE the first practice.
- d) Check with the Main Office regarding paid Sport Fees.
- e) Coach must be last to leave - students CANNOT be unattended.
- f) Practice schedule provided to AD by the 2<sup>nd</sup> week of sport.
- g) Check student eligibility PRIOR to game day.
- h) Advance notice will be required or no facilities space will be provided. If a change is needed, it must be submitted forty eight (48) hours in advance.
- i) END OF SEASON -Turn into Main Office
  - i) Uniforms returned
  - ii) Completed Inventory Post Inventory List
  - iii) List of Missing Uniforms/Equipment
  - iv) Inform AD of damaged equipment that needs to be replaced
  - v) Purchase Order if it is the year for new uniforms/warm-ups, etc.

**The Athletic Director will inform the Business Office when all requirements are met and payment will follow.**

Years of Experience: 2

Contract Amount: 1644.25

Signature: 

Date: 8-24-23



## COACHING CONTRACT - EXTRACURRICULAR CONTRACT

THIS CONTRACT is by and between Larissa Huus hereinafter referred to as COACH and SCHOOL  
WHEREAS COACH wishes to accept the position and rendering services as Head Coach (Coach, Asst. Coach,  
etc. in the PARSHALL SCHOOL DISTRICT for Volleyball (name of sport/activity) season, as established  
by the North Dakota High School Athletic Association for the 2023-2024 school year and SCHOOL desires to employ COACH for  
the same term and purpose:

### THEREFORE, IT IS AGREED AS FOLLOWS:

#### 1) DUTIES OF THE COACH:

- a) COACH, before the execution to render services as are assigned by the Principal and/or Athletic Director.
- b) COACH, before the execution of this contract, has received, reviewed, executed and delivered to the Athletic Director/Superintendent completed:
  - i) Employment Eligibility Verification (I-9)
  - ii) Conviction Information Request (Fingerprinted) set-up time with Business Office
  - iii) Staff Information Sheet/W-4
  - iv) School Badge Policy
  - v) Complete required online courses for NDHSAA or other required certifications.
- c) Head Coach Expectations
  - i) Rules Clinic for Head Coach, C. C. P., Fundamentals of Coaching Course - completed within one (1) year of hire date.
  - ii) All certifications need to be handed in to the Business Office.

#### 2) EXPECTATIONS OF THE COACH

- a) Pre-Season - Inventory List
- b) Set-up a Parent/Player Meeting prior to the season.
- c) All sports physicals need to be turned into the Main Office - BEFORE the first practice.
- d) Check with the Main Office regarding paid Sport Fees.
- e) Coach must be last to leave - students CANNOT be unattended.
- f) Practice schedule provided to AD by the 2<sup>nd</sup> week of sport.
- g) Check student eligibility PRIOR to game day.
- h) Advance notice will be required or no facilities space will be provided. If a change is needed, it must be submitted forty eight (48) hours in advance.
- i) END OF SEASON -Turn into Main Office
  - i) Uniforms returned
  - ii) Completed Inventory Post Inventory List
  - iii) List of Missing Uniforms/Equipment
  - iv) Inform AD of damaged equipment that needs to be replaced
  - v) Purchase Order if it is the year for new uniforms/warm-ups, etc.

*The Athletic Director will inform the Business Office when all requirements are met and payment will follow.*

Years of Experience: 5

Contract Amount: \$4755

Signature: 

Date: 8-24-23



## COACHING CONTRACT - EXTRACURRICULAR CONTRACT

THIS CONTRACT is by and between Toni Polanco hereinafter referred to as COACH and SCHOOL.

WHEREAS COACH wishes to accept the position and rendering services as Asst Coach (Coach, Asst. Coach, etc. in the PARSHALL SCHOOL DISTRICT for Volleyball (name of sport/activity) season, as established by the North Dakota High School Athletic Association for the 2023-2024 school year and SCHOOL desires to employ COACH for the same term and purpose:

### THEREFORE, IT IS AGREED AS FOLLOWS:

#### 1) DUTIES OF THE COACH:

- a) COACH, before the execution to render services as are assigned by the Principal and/or Athletic Director.
- b) COACH, before the execution of this contract, has received, reviewed, executed and delivered to the Athletic Director/Superintendent completed:
  - i) Employment Eligibility Verification (I-9)
  - ii) Conviction Information Request (Fingerprinted) set-up time with Business Office
  - iii) Staff Information Sheet/W-4
  - iv) School Badge Policy
  - v) Complete required online courses for NDHSAA or other required certifications.
- c) Head Coach Expectations
  - i) Rules Clinic for Head Coach, C. C. P., Fundamentals of Coaching Course - completed within one (1) year of hire date.
  - ii) All certifications need to be handed in to the Business Office.

#### 2) EXPECTATIONS OF THE COACH

- a) Pre-Season - Inventory List
- b) Set-up a Parent/Player Meeting prior to the season.
- c) All sports physicals need to be turned into the Main Office - BEFORE the first practice.
- d) Check with the Main Office regarding paid Sport Fees.
- e) Coach must be last to leave - students CANNOT be unattended.
- f) Practice schedule provided to AD by the 2<sup>nd</sup> week of sport.
- g) Check student eligibility PRIOR to game day.
- h) Advance notice will be required or no facilities space will be provided. If a change is needed, it must be submitted forty eight (48) hours in advance.
- i) END OF SEASON -Turn into Main Office
  - i) Uniforms returned
  - ii) Completed Inventory Post Inventory List
  - iii) List of Missing Uniforms/Equipment
  - iv) Inform AD of damaged equipment that needs to be replaced
  - v) Purchase Order if it is the year for new uniforms/warm-ups, etc.

**The Athletic Director will inform the Business Office when all requirements are met and payment will follow.**

Years of Experience: 5

Contract Amount: 3100.75

Signature: Toni Polanco

Date: 8-24-23



## COACHING CONTRACT - EXTRACURRICULAR CONTRACT

THIS CONTRACT is by and between Chey Hart hereinafter referred to as COACH and SCHOOL.

WHEREAS COACH wishes to accept the position and rendering services as Head Coach (Coach, Asst. Coach, etc. in the PARSHALL SCHOOL DISTRICT for Cross Country (name of sport/activity) season, as established by the North Dakota High School Athletic Association for the 2023-2024 school year and SCHOOL desires to employ COACH for the same term and purpose:

### THEREFORE, IT IS AGREED AS FOLLOWS:

#### 1) DUTIES OF THE COACH:

- a) COACH, before the execution to render services as are assigned by the Principal and/or Athletic Director.
- b) COACH, before the execution of this contract, has received, reviewed, executed and delivered to the Athletic Director/Superintendent completed:
  - i) Employment Eligibility Verification (I-9)
  - ii) Conviction Information Request (Fingerprinted) set-up time with Business Office
  - iii) Staff Information Sheet/W-4
  - iv) School Badge Policy
  - v) Complete required online courses for NDHSAA or other required certifications.
- c) Head Coach Expectations
  - i) Rules Clinic for Head Coach, C. C. P., Fundamentals of Coaching Course - completed within one (1) year of hire date.
  - ii) All certifications need to be handed in to the Business Office.

#### 2) EXPECTATIONS OF THE COACH

- a) Pre-Season - Inventory List
- b) Set-up a Parent/Player Meeting prior to the season.
- c) All sports physicals need to be turned into the Main Office - BEFORE the first practice.
- d) Check with the Main Office regarding paid Sport Fees.
- e) Coach must be last to leave - students CANNOT be unattended.
- f) Practice schedule provided to AD by the 2<sup>nd</sup> week of sport.
- g) Check student eligibility PRIOR to game day.
- h) Advance notice will be required or no facilities space will be provided. If a change is needed, it must be submitted forty eight (48) hours in advance.
- i) END OF SEASON -Turn into Main Office
  - i) Uniforms returned
  - ii) Completed Inventory Post Inventory List
  - iii) List of Missing Uniforms/Equipment
  - iv) Inform AD of damaged equipment that needs to be replaced
  - v) Purchase Order if it is the year for new uniforms/warm-ups, etc.

*The Athletic Director will inform the Business Office when all requirements are met and payment will follow.*

Years of Experience: 1

Contract Amount: \$4555

Signature: 

Date: 8/25/23



### **Athletic Director – Extracurricular Contract**

**Qualifications:** High School Diploma  
ND Driver's License

**Reports To:** Superintendent

**Job Goal:** The Athletic Director Position is accomplishing the goals and objectives of the Athletic Department.

#### **Performance Responsibilities:**

The major duties and responsibilities include but are not limited to:

--assisting the superintendent with arranging transportation to all events and for school field trips;

--setting up at athletic events;

--inspecting and approving game and practice sites, seating areas for fans, restroom and other areas as safe, with adequate supervision;

--keeping inventory of equipment, supplies, and uniforms;

--helping to set up preseason parent meetings;

--supervision of athletic events;

--assisting the principals in investigating any alleged infractions of the NDHSAA contests; and

--other duties as assigned by the Superintendent.

**Terms of Employment:** 12 months

**Evaluation:** Job performance will be evaluated by the Superintendent.

**The Superintendent will inform the Business Office when all requirements are met and payment will follow.**

Years of Experience: 0

Contract Amount: 6832.50

Signature: Michele Oltmann Date: 8/31/23



0				
<b><u>Calculation of Zero Increase Number of Mills - NDCC 57-15-02.1</u></b>				
	<b><u>Previous Tax Year</u></b>	<b><u>Present Tax Year</u></b>	<b><u>Increase</u></b>	
Taxable Valuation	\$19,016,247	\$20,537,292	8.0%	
Minus New Growth		(\$429,762)		
Taxable Valuation Excluding New Growth		\$20,107,530	5.7%	
TOTAL Mills Levied	90.77			
<b>Zero Increase Number of Mills</b>		<b>85.84</b>		
Property Tax Revenue	\$1,726,105	\$1,726,105		
TOTAL Mills Levied		90.77		
Proposed Property Tax Revenue		\$1,864,170		
Increase/(Decrease) in Dollars		\$138,065		
<b>Percentage Increase for Public Hearing Notice</b>		<b>5.74%</b>		
<b>12% Growth Cap in Dollars</b>		<b>\$1,483,632.38</b>		
<b>General Fund Mill Equivalent</b>		<b>78.02</b>		
<b>Proposed General Fund Mill Equivalent</b>		<b>69.66</b>		



**Zero Increase Mills - Valuation and Levy Information**

Taxable Valuation	
Previous Tax Year	\$19,016,247
Present Tax Year	\$20,537,292

Mills Levied in Previous Tax Year	
General	69.66
Tuition	0.00
Miscellaneous Fund	0.00
Special Reserve	0.00
Building Fund	0.00
Special Assessments	0.00
Sinking and Interest	21.11
Judgment	0.00
TOTAL Mills Levied	90.77

Control of Board

Voter Approved

Valuation of New Land Growth in District	
Present Tax Year	\$429,762

Proposed Mill Levy for Present Tax Year	
General	69.66
Tuition	0.00
Miscellaneous Fund	0.00
Special Reserve	0.00
Building Fund	0.00
Special Assessment	0.00
Sinking and Interest	21.11
Judgment	0.00
TOTAL Mills Levied	90.77

\$1,024,024.90

\$46,399.64

\$141,480.88



Kirsten Baesler  
State Superintendent

Dr. Donna Fishbeck  
Chief of Staff

Laurie Matzke  
Assistant Superintendent



NORTH DAKOTA DEPARTMENT OF  
**PUBLIC INSTRUCTION**

600 E Boulevard Ave., Dept. 201  
Bismarck, ND 58505-0440  
Phone (701) 328-2260  
Fax (701) 328-2461  
<http://www.nd.gov/dpi>

To: Kathy Onstad, School Board President; Shane Sagert, Superintendent;

Tricia Wheeling, Parshall Elementary School Principal;

Amber Young Bird, Parshall High School Principal

From: Amanda Peterson, Director, Educational Improvement and Support

Date: August 15, 2023

RE: School Identification Notice for Targeted Support and Improvement (TSI)

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As part of the North Dakota accountability system, under the Every Student Succeeds Act (ESSA), continuous improvement is expected for all public schools and is measured through a variety of accountability indicators. Within this model, all public schools in North Dakota receive General Support, with some schools identified for either [Comprehensive Support and Improvement \(CSI\)](#) or [Targeted Support and Improvement \(TSI\)](#).

Based on the North Dakota Department of Public Instruction's (NDDPI) preliminary data results, the following schools within your district have been selected for Targeted Support and Improvement (TSI):

- **Parshall Elementary School**
- **Parshall High School**

TSI schools are identified each year by first generating a pool that includes the bottom 10% of schools. Additionally, schools with one or more subgroups performing significantly below the proficiency of the highest-performing Comprehensive Support school on the state assessment are also selected. **Due to this identification, you must attend a mandatory TSI Training on September 14, 2023, held at the Bismarck Ramada, 1400 Interchange Ave., from 9:00 – 5:00 (CST). Click on the [accountability overview](#) before the event to better understand the ND accountability system.**

The NDDPI sent out [correspondence](#) and guidance regarding school accountability reports on August 14, 2023, to provide school administration with an opportunity to review, question, and appeal student performance results used in measuring accountability components. Additionally, schools will receive more detailed information on the ranking and selection criteria at the training, and more can be learned on the [Targeted Support and Improvement](#) website.

Details for supports, requirements, and resources will be provided at the training. Each school must be represented by a team of 3-5 individuals headed by the building principal. A district representative is strongly recommended. Any other attendees are optional.



**Additional Requirements:**

- A school/district representative must attend the August 18<sup>th</sup> data training to understand the STARS Data Reporting Platform and how it can be utilized for school improvement and resource allocation. If you cannot attend live, the recording must be viewed before the September 14<sup>th</sup> training event.

**Friday, August 18, 2023: 1:00 p.m. – 2:00 p.m. CDT**

[Click here to join the meeting](#)

Meeting ID: 221 517 881 343

Passcode: e8Fsoo

[Download Teams | Join on the web](#)

**Or call in:** 1 (701) 328-0950; Conference ID: 584 335 987#

- Quarterly Claims/Status Reports
- Increased scrutiny of State and Federal monitoring and required reports

NDDPI provides support and resources for schools selected for TSI schools using a multifaceted approach summarized below:

- \$60,000 - \$75,000 in additional funding support (based on the student enrollment of the school) to utilize for evidence-based interventions, programs, and practices
  - Grant Period: September 1, 2023 – December 31, 2024
- Dedicated Coaching Liaison, through an REA, to help support schools in meeting improvement goals using the [School Renewal Process](#)
- Priority points for NDDPI-sponsored opportunities.

The length of each school's TSI identification is based, in part, on the efforts, participation, and initiative taken by each school improvement team to make progress and growth. NDDPI sincerely hopes that schools take full advantage of the many available supports through professional learning, additional resources, and priority access to opportunities.

Read receipts and follow-up communication will be utilized to indicate acknowledgment of the school identification status. During this review period, you will be contacted by an REA coaching liaison to help with any questions your team has prior to the training on September 14. Your REA point of contact is [Mitch Strand](#), who can help you navigate your data and understand the process.

If you have any questions regarding the information enclosed in this memo, please contact me at [amandapeterson@nd.gov](mailto:amandapeterson@nd.gov) or 701-328-3545. Please forward this communication to any relevant personnel.



## Accountability Index | Viewer | Visualization 1

Academic Year	District	School	School Support Status	Measure Group	Measure	Percentage	Points Earned	Room for Improvement	Points Possible
2022-23	Parshall 3	Parshall Elementary School		Elementary/Middle	Overall Score	44.43%	273.22	341.78	615.00
2022-23	Parshall 3	Parshall Elementary School		Elementary/Middle	Student Achievement - English Language Arts	28.89%	29.61	72.89	102.50
2022-23	Parshall 3	Parshall Elementary School		Elementary/Middle	Student Achievement - Math	15.56%	15.95	86.55	102.50
2022-23	Parshall 3	Parshall Elementary School		Elementary/Middle	Student Growth - English Language Arts	44.50%	51.25	51.25	102.50
2022-23	Parshall 3	Parshall Elementary School		Elementary/Middle	Student Growth - Math	30.00%	51.25	51.25	102.50
2022-23	Parshall 3	Parshall Elementary School		Elementary/Middle	English Learner Growth		0.00	0.00	0.00
2022-23	Parshall 3	Parshall Elementary School		Elementary/Middle	Student Engagement	81.89%	125.16	79.84	205.00
2022-23	Parshall 3	Parshall Elementary School		Elementary/Middle	Room for Improvement	55.57%	341.78	273.22	615.00



Nbr Numerator	Nbr Denominator
26	90
14	90
40	70
35	71
79	92



## Accountability Index | Viewer | Visualization 1

Academic Year	District	School	School Support Status	Measure Group	Measure	Percentage	Points Earned	Room for Improvement	Points Possible
2022-23	Parshall 3	Parshall High School		High	Overall Score	40.89%	251.46	363.55	615.01
2022-23	Parshall 3	Parshall High School		High	Student Achievement - English Language Arts	48.48%	48.78	51.85	100.63
2022-23	Parshall 3	Parshall High School		High	Student Achievement - Math	5.88%	5.92	94.71	100.63
2022-23	Parshall 3	Parshall High School		High	On-Time Graduation	71.40%	105.14	42.11	147.25
2022-23	Parshall 3	Parshall High School		High	High School Completion with GED	7.70%	7.41	88.84	96.25
2022-23	Parshall 3	Parshall High School		High	English Learner Growth		0.00	0.00	0.00
2022-23	Parshall 3	Parshall High School		High	Student Engagement	75.73%	84.21	86.04	170.25
2022-23	Parshall 3	Parshall High School		High	Room for Improvement	59.11%	363.55	251.46	615.01



Nbr Numerator	Nbr Denominator
16	33
2	34
10	14
1	12
73	92





**PUBLIC SCHOOL DISTRICT TUITION AGREEMENT**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

Type of Agreement  
☐ District Paid Tuition  
☐ Parent Paid Tuition  
☐ No Charge

School Year 20\_\_-20\_\_

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District

New Town Middle School

Address

New Town ND 58743

Shall be admitted to and educated by

Name of Admitting Public School District

Parshall High School

Address

Parshall, ND 58720

The tuition charged by the admitting district shall be as follows:

Name of Student	Grade	Amount of Tuition *
Ryan Littlebird, Jr.	8 <sup>th</sup>	
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
		Total Tuition Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable)			Date
[Signature]			8/10/23

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived).

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District <input type="checkbox"/>	Admitting District <input type="checkbox"/>	Not Provided <input type="checkbox"/>
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\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005.)





# PUBLIC SCHOOL DISTRICT TUITION/COST-SHARING AGREEMENT

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

## Type of Agreement

- ☐ District Paid Tuition  
☐ Parent Paid Tuition  
☐ No Charge  
☐ Cost-Sharing Agreement

School Year 20\_\_-20\_\_

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District <u>New Town</u>
Address

Shall be admitted to and educated by

Name of Admitting Public School District <u>Parshall</u>
Address

The tuition charged by the admitting district shall be as follows:

Name of Student <u>Jesse Belle Heavy Gun</u>	Grade <u>12th</u>	Amount of Tuition/Cost-Sharing *
Name of Student <u>Kancee Jo Heavy Gun</u>	Grade <u>10th</u>	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
		Total Tuition/Cost-Sharing Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable) <u>Stephanie R. Conklin</u>			Date

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount agreed upon for a Cost-Sharing agreement for educating students in a virtual academy. (NDCC Section 15.1-31-07)

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District <input type="checkbox"/>	Admitting District <input type="checkbox"/>	Not Provided <input type="checkbox"/>
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\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005.)





**OPEN ENROLLMENT APPLICATION**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 19378 (rev. 08-07)

**Parent/Guardian Information**

Parent/Guardian Name (Last, First, M.I.) <i>Conklin Evangeline Rae</i>		
Parent/Guardian Address <i>Box 595 New Town N.D. 58763</i>		
Home Telephone <i>421-7610</i>	Work Telephone <i>627-7541</i>	Deadline waiver requested because you have moved? (See reverse) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Student Information**

Student Name (Last, First, M.I.) - List only one student per application <i>Heaven Gun Rancee Jo R.</i>		Does this student have a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify disability:	
School Currently Attending (if different from resident school district) <i>Parshall High School</i>		Date of Birth <i>12/5/07</i>	Current Grade Level <i>10th</i>
List reason(s) for requesting open enrollment (OPTIONAL) <i>2021 we left due to bullying issues and kids having drugs in school.</i>		Application Type: <input type="checkbox"/> Family <input checked="" type="checkbox"/> Individual	

**School District Information**

Resident School District Name <i>New Town High School</i>	City in Which Resident School District is Located <i>New Town High School</i>
Admitting School District Name <i>Parshall High School</i>	City in Which Admitting School District is Located <i>Parshall High School</i>

The above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian <i>Evangeline R. Conklin</i>	Date <i>8/14/23</i>
--	------------------------

Return this application to the board of the admitting district and file a copy of the application with the student's district of residence.

**Date and Time Application Received by Admitting District**

Date Application Received	Time Application Received (Indicate AM or PM)	Signature School District Representative
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**Admitting District Approval/Disapproval**

Following review of this application for open enrollment, and with due consideration to the laws and rules applicable to open enrollment, and to the criteria of this district which have been developed for open enrollment, this application is hereby (check one):

☐ **Approved** After action has been taken, this application must be immediately sent to the resident district, one copy sent to the parent/guardian within five days, and one copy kept in the files of the admitting district.

☐ **Disapproved** After action has been taken, this application must be sent to the parent/guardian within five days, one copy sent to the resident district, and one copy kept in the files of the admitting district. The application was disapproved for the following reason(s):

Signature of School Board President	Date
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**OPEN ENROLLMENT APPLICATION**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 19378 (rev. 08-07)

**Parent/Guardian Information**

Parent/Guardian Name (Last, First, M.I.) Conklin Evangeline R.		
Parent/Guardian Address Box 595 New Town ND 58763		
Home Telephone 421-7610	Work Telephone 627-7541	Deadline waiver requested because you have moved? (See reverse) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Student Information**

Student Name (Last, First, M.I.) - List only one student per application Heavy Gun Jesse Belle E.	Does this student have a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify disability: _____	
School Currently Attending (if different from resident school district) Marshall High School	Date of Birth 10-22-05	Current Grade Level 12th
List reason(s) for requesting open enrollment (OPTIONAL) 2021 we left due to bullying issues and kids having drugs in school	Application Type: <input type="checkbox"/> Family <input checked="" type="checkbox"/> Individual	

**School District Information**

Resident School District Name New Town High School	City in Which Resident School District is Located New Town High School
Admitting School District Name Marshall High School	City in Which Admitting School District is Located Marshall High School

The above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian Evangeline R. Conklin	Date 8/14/23
---	-----------------

Return this application to the board of the admitting district and file a copy of the application with the student's district of residence.

**Date and Time Application Received by Admitting District**

Date Application Received	Time Application Received (Indicate AM or PM)	Signature School District Representative
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**Admitting District Approval/Disapproval**

Following review of this application for open enrollment, and with due consideration to the laws and rules applicable to open enrollment, and to the criteria of this district which have been developed for open enrollment, this application is hereby (check one):

- ☐ **Approved** After action has been taken, this application must be immediately sent to the resident district, one copy sent to the parent/guardian within five days, and one copy kept in the files of the admitting district.
- ☐ **Disapproved** After action has been taken, this application must be sent to the parent/guardian within five days, one copy sent to the resident district, and one copy kept in the files of the admitting district. The application was disapproved for the following reason(s):

Signature of School Board President	Date
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**AGREEMENT**

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

- ☐ DISTRICT PAID TUITION  
☐ Parent Paid Tuition  
☐ No Charge  
☐ Cost-Sharing Agreement

School Year 2023-2024

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District
<del>Parshall</del> North Shore Plaza
Address
801 Corvill St. Plaza, ND 58771

Shall be admitted to and educated by

Name of Admitting Public School District
Parshall High School District #3
Address
601 North main St. Parshall, ND 58770

The tuition charged by the admitting district shall be as follows:

Name of Student	Grade	Amount of Tuition/Cost-Sharing *
RED Earth	6	
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
WALKS WITH THE WIND	9	
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
		Total Tuition/Cost-Sharing Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable)			Date
			8-14-23

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount agreed upon for a Cost-Sharing agreement for educating students in a virtual academy. (NDCC Section 15.1-31-07)

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District <input type="checkbox"/>	Admitting District <input type="checkbox"/>	Not Provided <input type="checkbox"/>
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\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005)



# PUBLIC SCHOOL DISTRICT TUITION/COST-SHARING AGREEMENT

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

## Type of Agreement

- ☐ District Paid Tuition  
☐ Parent Paid Tuition  
☐ No Charge  
☐ Cost-Sharing Agreement

School Year 20\_\_-20\_\_

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District <i>New Town</i>
Address <i>504 9th St. N Box 432 New Town ND 58763</i>

Shall be admitted to and educated by

Name of Admitting Public School District <i>Parshall School District #3</i>
Address <i>601 N Main St, Parshall ND 58770</i>

The tuition charged by the admitting district shall be as follows:

Name of Student <i>Jay Wounded Knee</i>	Grade <i>K.</i>	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
		Total Tuition/Cost-Sharing Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable) <i>[Signature]</i>			Date

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount agreed upon for a Cost-Sharing agreement for educating students in a virtual academy. (NDCC Section 15.1-31-07)

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District <input type="checkbox"/>	Admitting District <input type="checkbox"/>	Not Provided <input type="checkbox"/>
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\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005.)



**PUBLIC SCHOOL DISTRICT TUITION/COST-SHARING AGREEMENT**

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

Type of Agreement

- ☐ District Paid Tuition  
☐ Parent Paid Tuition  
☐ No Charge  
☐ Cost-Sharing Agreement

School Year 20\_\_-20\_\_

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District
Address

Shall be admitted to and educated by

Name of Admitting Public School District
Address

The tuition charged by the admitting district shall be as follows:

Name of Student	Grade	Amount of Tuition/Cost-Sharing *
McKae, Brooklyn E.	7	
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
McKae, Sydney O.	3	
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
		Total Tuition/Cost-Sharing Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable)	Date		

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount agreed upon for a Cost-Sharing agreement for educating students in a virtual academy. (NDCC Section 15.1-31-07)

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District <input type="checkbox"/>	Admitting District <input type="checkbox"/>	Not Provided <input checked="" type="checkbox"/>
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\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005.)





**OPEN ENROLLMENT APPLICATION**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 19378 (rev. 08-07)

**Parent/Guardian Information**

Parent/Guardian Name (Last, First, M.I.) <i>McKae, Robert, G. / McKae, Erica, N.</i>		
Parent/Guardian Address <i>502 1st Street NW, Minot, ND 58703</i>		
Home Telephone <i>(901) 647-8188</i>	Work Telephone	Deadline waiver requested because you have moved? (See reverse) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Student Information**

Student Name (Last, First, M.I.) - List only one student per application <i>McKae, Brooklyn, E.</i>	Does this student have a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify disability: _____	
School Currently Attending (if different from resident school district) <i>Parshall</i>	Date of Birth	Current Grade Level <i>7</i>
List reason(s) for requesting open enrollment (OPTIONAL) <i>Parents teach @ Parshall</i>	Application Type: <input checked="" type="checkbox"/> Family <input type="checkbox"/> Individual	

**School District Information**

Resident School District Name <i>Minot</i>	City in Which Resident School District is Located <i>Minot</i>
Admitting School District Name <i>Parshall School District #3</i>	City in Which Admitting School District is Located <i>Parshall</i>

The above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian <i>Erica McKae</i>	Date <i>8/15/2023</i>
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Return this application to the board of the admitting district and file a copy of the application with the student's district of residence.

**Date and Time Application Received by Admitting District**

Date Application Received	Time Application Received (Indicate AM or PM)	Signature School District Representative
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**Admitting District Approval/Disapproval**

Following review of this application for open enrollment, and with due consideration to the laws and rules applicable to open enrollment, and to the criteria of this district which have been developed for open enrollment, this application is hereby (check one):

- ☐ **Approved** After action has been taken, this application must be immediately sent to the resident district, one copy sent to the parent/guardian within five days, and one copy kept in the files of the admitting district.
- ☐ **Disapproved** After action has been taken, this application must be sent to the parent/guardian within five days, one copy sent to the resident district, and one copy kept in the files of the admitting district. The application was disapproved for the following reason(s):

Signature of School Board President	Date
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**OPEN ENROLLMENT APPLICATION**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 19378 (rev. 08-07)

**Parent/Guardian Information**

Parent/Guardian Name (Last, First, M.I.) <i>McRae, Robert, G. / McRae, Erica, N.</i>		
Parent/Guardian Address <i>502 1st Street NW, Minot, ND 58703</i>		
Home Telephone <i>(901) 647-8188</i>	Work Telephone	Deadline waiver requested because you have moved? (See reverse) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Student Information**

Student Name (Last, First, M.I.) - List only one student per application <i>McRae, Sydney, O.</i>		Does this student have a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify disability: _____	
School Currently Attending (if different from resident school district) <i>Parshall</i>		Date of Birth <i>10/23/2014</i>	Current Grade Level <i>3</i>
List reason(s) for requesting open enrollment (OPTIONAL) <i>Parents teach @ Parshall</i>		Application Type: <input checked="" type="checkbox"/> Family <input type="checkbox"/> Individual	

**School District Information**

Resident School District Name <i>Minot</i>	City in Which Resident School District is Located <i>Minot</i>
Admitting School District Name <i>Parshall School District #3</i>	City in Which Admitting School District is Located <i>Parshall</i>

The above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian <i>Erica McRae</i>	Date <i>8/15/2023</i>
--	--------------------------

Return this application to the board of the admitting district and file a copy of the application with the student's district of residence.

**Date and Time Application Received by Admitting District**

Date Application Received	Time Application Received (Indicate AM or PM)	Signature School District Representative
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**Admitting District Approval/Disapproval**

Following review of this application for open enrollment, and with due consideration to the laws and rules applicable to open enrollment, and to the criteria of this district which have been developed for open enrollment, this application is hereby (check one):

☐ **Approved** After action has been taken, this application must be immediately sent to the resident district, one copy sent to the parent/guardian within five days, and one copy kept in the files of the admitting district.

☐ **Disapproved** After action has been taken, this application must be sent to the parent/guardian within five days, one copy sent to the resident district, and one copy kept in the files of the admitting district. The application was disapproved for the following reason(s):

Signature of School Board President	Date
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# PUBLIC SCHOOL DISTRICT TUITION/COST-SHARING AGREEMENT

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

## Type of Agreement

- ☐ District Paid Tuition  
☐ Parent Paid Tuition  
☐ No Charge  
☐ Cost-Sharing Agreement

School Year 20\_\_-20\_\_

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District <i>New Town</i>
Address <i>618 12th St. N</i>

Shall be admitted to and educated by

Name of Admitting Public School District <i>Parshall School District #3</i>
Address <i>601 N Main St, Parshall ND 58770</i>

The tuition charged by the admitting district shall be as follows:

Name of Student <i>Travis Marvel</i>	Grade <i>2</i>	Amount of Tuition/Cost-Sharing *
Name of Student <i>Brianna Marvel</i>	Grade <i>1</i>	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
		Total Tuition/Cost-Sharing Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable) <i>X [Signature]</i>			Date

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount agreed upon for a Cost-Sharing agreement for educating students in a virtual academy. (NDCC Section 15.1-31-07)

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District <input type="checkbox"/>	Admitting District <input type="checkbox"/>	Not Provided <input type="checkbox"/>
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\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005.)





**OPEN ENROLLMENT APPLICATION**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 19378 (rev. 08-07)

**Parent/Guardian Information**

Parent/Guardian Name (Last, First, M.I.) <u>Lichter Nicole M</u>		
Parent/Guardian Address <u>618 12th St N</u>		
Home Telephone <u>701-421-3513</u>	Work Telephone <u>.</u>	Deadline waiver requested because you have moved? (See reverse) <input type="checkbox"/> Yes <input type="checkbox"/> No

**Student Information**

Student Name (Last, First, M.I.) - List only one student per application <u>Marvel TRUTH C</u>		Does this student have a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify disability: _____	
School Currently Attending (if different from resident school district) <u>Parshall</u>		Date of Birth <u>12-04-2015</u>	Current Grade Level <u>2</u>
List reason(s) for requesting open enrollment (OPTIONAL)		Application Type: <input type="checkbox"/> Family <input type="checkbox"/> Individual	

**School District Information**

Resident School District Name	City in Which Resident School District is Located <u>New Town</u>
Admitting School District Name <u>Parshall School District #3</u>	City in Which Admitting School District is Located <u>Parshall</u>

The above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian <u>[Signature]</u>	Date <u>07-11-2023</u>
--	---------------------------

Return this application to the board of the admitting district and file a copy of the application with the student's district of residence.

**Date and Time Application Received by Admitting District**

Date Application Received	Time Application Received (Indicate AM or PM)	Signature School District Representative
---------------------------	---	--

**Admitting District Approval/Disapproval**

Following review of this application for open enrollment, and with due consideration to the laws and rules applicable to open enrollment, and to the criteria of this district which have been developed for open enrollment, this application is hereby (check one):

- ☐ **Approved** After action has been taken, this application must be immediately sent to the resident district, one copy sent to the parent/guardian within five days, and one copy kept in the files of the admitting district.
- ☐ **Disapproved** After action has been taken, this application must be sent to the parent/guardian within five days, one copy sent to the resident district, and one copy kept in the files of the admitting district. The application was disapproved for the following reason(s):

Signature of School Board President	Date
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**OPEN ENROLLMENT APPLICATION**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 19378 (rev. 08-07)

**Parent/Guardian Information**

Parent/Guardian Name (Last, First, M.I.) <i>Lichter Nicole M</i>		
Parent/Guardian Address <i>618 12th St. N</i>		
Home Telephone <i>701-421-3513</i>	Work Telephone	Deadline waiver requested because you have moved? (See reverse) <input type="checkbox"/> Yes <input type="checkbox"/> No

**Student Information**

Student Name (Last, First, M.I.) - List only one student per application <i>Marcel Divinity L</i>		Does this student have a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify disability: _____	
School Currently Attending (if different from resident school district) <i>Parshall</i>		Date of Birth <i>02-06-2017</i>	Current Grade Level <i>1</i>
List reason(s) for requesting open enrollment (OPTIONAL)		Application Type: <input type="checkbox"/> Family <input type="checkbox"/> Individual	

**School District Information**

Resident School District Name	City in Which Resident School District is Located <i>New Town</i>
Admitting School District Name <i>Parshall School District #3</i>	City in Which Admitting School District is Located <i>Parshall</i>

The above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian <i>[Signature]</i>	Date <i>07-11-2023</i>
--	---------------------------

Return this application to the board of the admitting district and file a copy of the application with the student's district of residence.

**Date and Time Application Received by Admitting District**

Date Application Received	Time Application Received (Indicate AM or PM)	Signature School District Representative
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**Admitting District Approval/Disapproval**

Following review of this application for open enrollment, and with due consideration to the laws and rules applicable to open enrollment, and to the criteria of this district which have been developed for open enrollment, this application is hereby (check one):

- ☐ **Approved** After action has been taken, this application must be immediately sent to the resident district, one copy sent to the parent/guardian within five days, and one copy kept in the files of the admitting district.
- ☐ **Disapproved** After action has been taken, this application must be sent to the parent/guardian within five days, one copy sent to the resident district, and one copy kept in the files of the admitting district. The application was disapproved for the following reason(s):

Signature of School Board President	Date
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1



# PUBLIC SCHOOL DISTRICT TUITION/COST-SHARING AGREEMENT

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

## Type of Agreement

- ☐ District Paid Tuition  
☐ Parent Paid Tuition  
☐ No Charge  
☐ Cost-Sharing Agreement

School Year 2023-24

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District <b>New Town</b>
Address

Shall be admitted to and educated by

Name of Admitting Public School District
Address

The tuition charged by the admitting district shall be as follows:

Name of Student <b>Kadence Lynch</b>	Grade <b>9th</b>	Amount of Tuition/Cost-Sharing *
Name of Student <b>Jaxen Hodges</b>	Grade <b>4th</b>	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
		Total Tuition/Cost-Sharing Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable) <i>Katie Peugh</i>			Date 08/09/2023

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount agreed upon for a Cost-Sharing agreement for educating students in a virtual academy. (NDCC Section 15.1-31-07)

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District <input type="checkbox"/>	Admitting District <input type="checkbox"/>	Not Provided <input type="checkbox"/>
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\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005.)





**PUBLIC SCHOOL DISTRICT TUITION AGREEMENT**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

Type of Agreement  
☐ District Paid Tuition  
☐ Parent Paid Tuition  
☐ No Charge

School Year 20\_\_-20\_\_

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District

Newtown High School

Address

Shall be admitted to and educated by

Name of Admitting Public School District

PARSHALL High School

Address

The tuition charged by the admitting district shall be as follows:

Name of Student	Grade	Amount of Tuition *
<u>GRACEE FEOTE</u>	<u>11</u>	
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
		Total Tuition Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable)			
<u>P. Feote</u>			
			<u>\$15.23</u>

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived).

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District <input type="checkbox"/>	Admitting District <input type="checkbox"/>	Not Provided <input type="checkbox"/>
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\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005.)



**PUBLIC SCHOOL DISTRICT TUITION/COST-SHARING AGREEMENT**

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

Type of Agreement

- ☐ District Paid Tuition  
☐ Parent Paid Tuition  
☐ No Charge  
☐ Cost-Sharing Agreement

School Year 20\_\_-20\_\_

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District

Edwinloe Elementary

Address

3756 97th Ave NW, NEW TOWN ND 58763

Shall be admitted to and educated by

Name of Admitting Public School District

Parshall School District #3

Address

601 N Main St, Parshall ND 58770

The tuition charged by the admitting district shall be as follows:

Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Nelko Garcia	1st	
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
		Total Tuition/Cost-Sharing Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable)	Kathleen		Date 2/10/23

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount agreed upon for a Cost-Sharing agreement for educating students in a virtual academy. (NDCC Section 15.1-31-07)

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District <input type="checkbox"/>	Admitting District <input type="checkbox"/>	Not Provided <input type="checkbox"/>
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\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005.)



**PUBLIC SCHOOL DISTRICT TUITION/COST-SHARING AGREEMENT**

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

Type of Agreement

- ☐ District Paid Tuition  
☐ Parent Paid Tuition  
☐ No Charge  
☐ Cost-Sharing Agreement

School Year 20\_\_-20\_\_

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District
Address

Shall be admitted to and educated by

Name of Admitting Public School District
Address

The tuition charged by the admitting district shall be as follows:

Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Angel Little Bull-Lyons	10 <sup>th</sup>	
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Amaya Lyons	8 <sup>th</sup>	
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
		Total Tuition/Cost-Sharing Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable)	Date		

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount agreed upon for a Cost-Sharing agreement for educating students in a virtual academy. (NDCC Section 15.1-31-07)

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District <input type="checkbox"/>	Admitting District <input type="checkbox"/>	Not Provided <input type="checkbox"/>
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\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005.)





# PUBLIC SCHOOL DISTRICT TUITION/COST-SHARING AGREEMENT

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

## Type of Agreement

- ☐ District Paid Tuition  
☐ Parent Paid Tuition  
☐ No Charge  
☐ Cost-Sharing Agreement

School Year 20\_\_-20\_\_

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District <b>New Town</b>
Address

Shall be admitted to and educated by

Name of Admitting Public School District <b>Parshall School District #3</b>
Address <b>601 N Main St, Parshall ND 58770</b>

The tuition charged by the admitting district shall be as follows:

Name of Student <b>Myahya Grandchamp</b>	Grade <b>12<sup>th</sup></b>	Amount of Tuition/Cost-Sharing *
Name of Student <b>Traike Grandchamp</b>	Grade <b>4<sup>th</sup></b>	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
		Total Tuition/Cost-Sharing Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable) <b>Marnita Smith</b>			Date <b>8-10-23</b>

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount agreed upon for a Cost-Sharing agreement for educating students in a virtual academy. (NDCC Section 15.1-31-07)

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District <input type="checkbox"/>	Admitting District <input type="checkbox"/>	Not Provided <input type="checkbox"/>
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\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005.)





**OPEN ENROLLMENT APPLICATION**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 19378 (rev. 08-07)

**Parent/Guardian Information**

Parent/Guardian Name (Last, First, M.I.) <u>Grandchamp Myalya M</u>		
Parent/Guardian Address <u>3945 Highway 8 New Town ND 58803</u>		
Home Telephone <u>701-421-6212</u>	Work Telephone	Deadline waiver requested because you have moved? (See reverse) <input type="checkbox"/> Yes <input type="checkbox"/> No

**Student Information**

Student Name (Last, First, M.I.) - List only one student per application <u>Grandchamp Myalya M</u>		Does this student have a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify disability:	
School Currently Attending (if different from resident school district) <u>Parshall School District</u>		Date of Birth <u>8-4-06</u>	Current Grade Level <u>12th</u>
List reason(s) for requesting open enrollment (OPTIONAL)		Application Type: <input type="checkbox"/> Family <input type="checkbox"/> Individual	

**School District Information**

Resident School District Name <u>New Town</u>	City in Which Resident School District is Located <u>New Town ND</u>
Admitting School District Name <u>Parshall School District #3</u>	City in Which Admitting School District is Located <u>Parshall</u>

The above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian <u>Marnita Lambert</u>	Date <u>8-10-23</u>
--	------------------------

Return this application to the board of the admitting district and file a copy of the application with the student's district of residence.

**Date and Time Application Received by Admitting District**

Date Application Received	Time Application Received (Indicate AM or PM)	Signature School District Representative
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**Admitting District Approval/Disapproval**

Following review of this application for open enrollment, and with due consideration to the laws and rules applicable to open enrollment, and to the criteria of this district which have been developed for open enrollment, this application is hereby (check one):

- ☐ **Approved** After action has been taken, this application must be immediately sent to the resident district, one copy sent to the parent/guardian within five days, and one copy kept in the files of the admitting district.
- ☐ **Disapproved** After action has been taken, this application must be sent to the parent/guardian within five days, one copy sent to the resident district, and one copy kept in the files of the admitting district. The application was disapproved for the following reason(s):

Signature of School Board President	Date
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**OPEN ENROLLMENT APPLICATION**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 19378 (rev. 08-07)

**Parent/Guardian Information**

Parent/Guardian Name (Last, First, M.I.) <b>Lambert Marnita M</b>		
Parent/Guardian Address <b>3945 Highway 8 New Town ND 58763</b>		
Home Telephone <b>701-421-6212</b>	Work Telephone	Deadline waiver requested because you have moved? (See reverse) <input type="checkbox"/> Yes <input type="checkbox"/> No

**Student Information**

Student Name (Last, First, M.I.) - List only one student per application <b>Grandchamp Trake K</b>		Does this student have a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify disability: _____	
School Currently Attending (if different from resident school district) <b>Parshall Elementary School</b>		Date of Birth <b>6-12-13</b>	Current Grade Level <b>4th</b>
List reason(s) for requesting open enrollment (OPTIONAL)		Application Type: <input type="checkbox"/> Family <input type="checkbox"/> Individual	

**School District Information**

Resident School District Name <b>New Town</b>	City in Which Resident School District is Located <b>New Town ND 58763</b>
Admitting School District Name <b>Parshall School District #3</b>	City in Which Admitting School District is Located <b>Parshall</b>

The above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian <b>Marnita Lambert</b>	Date <b>8-10-23</b>
--	------------------------

Return this application to the board of the admitting district and file a copy of the application with the student's district of residence.

**Date and Time Application Received by Admitting District**

Date Application Received	Time Application Received (Indicate AM or PM)	Signature School District Representative
---------------------------	---	--

**Admitting District Approval/Disapproval**

Following review of this application for open enrollment, and with due consideration to the laws and rules applicable to open enrollment, and to the criteria of this district which have been developed for open enrollment, this application is hereby (check one):

- ☐ **Approved** After action has been taken, this application must be immediately sent to the resident district, one copy sent to the parent/guardian within five days, and one copy kept in the files of the admitting district.
- ☐ **Disapproved** After action has been taken, this application must be sent to the parent/guardian within five days, one copy sent to the resident district, and one copy kept in the files of the admitting district. The application was disapproved for the following reason(s):

Signature of School Board President	Date
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# PUBLIC SCHOOL DISTRICT TUITION/COST-SHARING AGREEMENT

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

## Type of Agreement

- ☐ District Paid Tuition  
☐ Parent Paid Tuition  
☐ No Charge  
☐ Cost-Sharing Agreement

School Year 20\_\_-20\_\_

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District

White Shield High School

Address

301 warrior street Roseglen, ND 58715

Shall be admitted to and educated by

Name of Admitting Public School District

Parshall High School

Address

601 main st N Parshall ND 58770

The tuition charged by the admitting district shall be as follows:

Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Haider Glen Brayer	11 <sup>th</sup>	
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
		Total Tuition/Cost-Sharing Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable)			Date
			8-11-2023

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount agreed upon for a Cost-Sharing agreement for educating students in a virtual academy. (NDCC Section 15.1-31-07)

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District <input type="checkbox"/>	Admitting District <input type="checkbox"/>	Not Provided <input type="checkbox"/>
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\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005.)





**PUBLIC SCHOOL DISTRICT TUITION AGREEMENT**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

Type of Agreement  
☐ District Paid Tuition  
☐ Parent Paid Tuition  
☐ No Charge

School Year 20\_\_-20\_\_

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District

Newtown School District

Address

8647 39th Ave NW Newtown ND 58763

Shall be admitted to and educated by

Name of Admitting Public School District

Parshall School District

Address

The tuition charged by the admitting district shall be as follows:

Name of Student	Grade	Amount of Tuition *
Moxon Fetting	12	
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
Name of Student	Grade	Amount of Tuition *
		Total Tuition Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable)			Date
K. Fetting			8/9/23

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived).

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District ☐

Admitting District ☐

Not Provided ☐

\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005.)



✓



# PUBLIC SCHOOL DISTRICT TUITION/COST-SHARING AGREEMENT

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SCHOOL FINANCE AND ORGANIZATION  
SFN 50013 (08-07)

## Type of Agreement

- ☐ District Paid Tuition  
☐ Parent Paid Tuition  
☐ No Charge  
☐ Cost-Sharing Agreement

School Year 20\_\_-20\_\_

It is hereby agreed that the students listed below who are residents of

Name of Resident Public School District	New Town
Address	

Shall be admitted to and educated by

Name of Admitting Public School District	Parshall School District #3
Address	601 N Main St, Parshall ND 58770

The tuition charged by the admitting district shall be as follows:

Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Martin A Rabago	2	
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
Name of Student	Grade	Amount of Tuition/Cost-Sharing *
		Total Tuition/Cost-Sharing Due **

Admitting District Board President Signature	Date	Admitting District Business Manager Signature	Date
Resident District Board President Signature (if applicable)	Date	Resident District Business Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable)			Date
Xyutzi Alondra Martinez			

\* Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition charged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount agreed upon for a Cost-Sharing agreement for educating students in a virtual academy. (NDCC Section 15.1-31-07)

\*\* The amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to the admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of tuition must be made in accordance with NDCC Section 15.1-29-07 or Section 15.1-29-13.

Transportation\*\*\* provided by: (Please check appropriate box)

Resident District <input type="checkbox"/>	Admitting District <input type="checkbox"/>	Not Provided <input type="checkbox"/>
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\*\*\* Districts electing to educate students in other districts are also required to pay transportation costs. (NDCC §15.1-29-03 effective August 1, 2005.)