Regular Board Meeting

Parshall School District #3

 High School
 Elementary School

 601 N Main Street
 211 1st Street NW

 PO Box 158
 PO Box 69

 Parshall, ND 58770
 Parshall, ND 58770

 701-862-3129
 701-862-3417

 Fax 701-862-3801
 Fax 701-862-3419



Agenda

Wednesday, September 13, 20235:30 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 3rd, 2023

A Regular Meeting of the Parshall School Board was held on Wednesday, August 3rd, 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 12th, 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 15th 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 13th, 2023, 5:30 p.m.

A motion was made by Jacobi Jarski; seconded I unanimously. Meeting adjourned at 6:27 p.m.	by Felicia Dickens to adjourn the meeting. Motion carried
Jay Clauson, President	Shena Anderson, Business Manager

09/08/2023 1:04 PM User ID: SHENA

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 - Grav #2 259.05 Ν 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 Ν 01 000 020 120 1000 610 Inv #73092-1 - 1 Pallet of Paper 1,575.00 Ν Vendor ID: CIRCL CIRCLE SANITATION, INC. PÓ 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 01 000 040 140 2600 410 Acct #415007 Bus Barn 53.06 Ν 01 000 000 000 2600 410 Acct #496002 Supt 76.74 N 01 000 040 140 2600 410 Acct #2731008 HS 334.08 Ν 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 Ν 01 056 040 360 1000 730 Inv #230825-0053 Elem Workroom #4712 883.70 Ν 01 056 040 360 1000 730 Inv #230825-0054 HS 2nd FL Workim #4713 55.36 Ν 01 056 040 360 1000 730 Inv #230825-0055 HS 1st FL Copy Rm #4714 179.00 Ν 01 056 040 360 1000 730 Inv #230825-0056 HS Office #4784 409.13 Ν 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

Checking Account ID:

Sequence: 1

Check Type:

Due Date: 09/13/2023 Status: A

Check Date:

Check Number:

1099 Amount: 0.00

User ID: SHENA

09/08/2023 1:04 PM

05 000 000 910 3100 630

05 000 000 910 3100 630

Inv #4689763 Elem - 06/06/23

Inv #4680016 Elem - 07/04/23

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 Annual Billing ID #4874 475.00 Ν **COMPUTER STORE** Vendor ID: COMPU2 PO Number: Invoice Number: 429018 Amount: 3.332.00 Description: Computer Supplies Invoice Date: 08/16/2023 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 2900 610 Inv #429018 - Ruckus Support (3 years) 3,332.00 Vendor ID: COMPU2 COMPUTER STORE PO Number: Invoice Number: 429144 Amount: 539.00 Description: Computer Supplies Invoice Date: 08/23/2023 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 2900 730 Keyscan Cards 539.00 Vendor ID: DAKOT7 **DAKOTA TRUCK & FARM SERVICE** PO Number: Invoice Number: 1-292906 Amount: 1.596.98 Description: Bus Maintenance Invoice Date: 08/07/2023 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 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 Vendor ID: DAKOT7 DAKOTA TRUCK & FARM SERVICE PO Number: Invoice Number: 1-293506 Amount: 2,819.92 Description: Bus Maintenance Due Date: 09/13/2023 Status: A Invoice Date: 08/16/2023 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 2700 430 Inv #1-293506 Bus #3 Maintenance 2.819.92 Vendor ID: EASTSIDEJE East Side Jersey Dairy, Inc. PO Number: Invoice Number: 20230831 Amount: 1,654.71 Description: Food Services Invoice Date: 08/31/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00 Sequençe: 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 05 000 000 910 3100 630 Inv #4687833 HS - 12/09/22 165.32 Ν 05 000 000 910 3100 630 Inv #4689826 HS - 06/13/23 62.60 Ν 05 000 000 910 3100 630 Inv #4680343 HS 31.49 N 05 000 000 910 3100 630 Inv #4680409 HS 128.60 Ν 05 000 000 910 3100 630 inv #4680446 HS 96.45 Ν 05 000 000 910 3100 630 Inv #4686979 Elem - 9/27/22 279.22 Ν 05 000 000 910 3100 630 Inv #4687794 Elem - 12/06/22 236.62 Ν 05 000 000 910 3100 630 Inv #4687795 Elem - Reimb 12/06/22 (50.69)Ν 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)Ν

125.18

31.30

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User ID: SHENA

09/08/2023 1:04 PM

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** PO Number: Invoice Number: 4952596 Amount: 379,98

Description: Musical Instruments 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

06 604 000 410 3400 610 Inv #4952596 Musical Instruments 379.98 N

Vendor ID: ECOLA **ECOLAB** PO Number: Invoice Number: 20230831 Amount: 254.38 Description: Cockroach/Rodent Program

1099 Amount: 0.00 Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:

		Officiality Account ID.		CHECK MUNICION		Check Date:	
Chart of Account Nu	<u>mber</u>	<u>Detail Description</u>	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	
				.44,44		17	

Vendor ID: FIRSTW **FIRST WESTERN BANK** PO Number: Invoice Number: 20230831 Amount: 9,781,24

Description: Credit Card 1099 Amount: 0.00

•						COLLOLO	COC Dai	10. 00/10/2023	Vialus. A	ross Amount, U.UU	
Sequence:	1	Check	Type:	Checking Account ID:		Check Nur	mber:		Check Date:		
Chart of Acc	ount Nu	umber		Detail Description	Cost Center ID	Detail Amo	ount 109	9 Detail Amount	Asset/Asset Ta	g <u>In Full</u>	
01 000 000	100 290	00 610		PO #F100 - Folders			4.92	_	N		
01 000 020	120 100	00 610		PO #103 - Shifting the Balance (5 books)		149	9.95		N		
01 000 040	140 100	00 610		PO #F102 - HDMI Cords		34	4.95		N		
01 000 000	100 100	00 730		BadgePass - Printer Ribbon		318	8.32		N		
01 000 040	140 290	00 810		DigitalOcean monthly		17	7.93		N		
01 000 000	100 290	00 610		PO #F100 - Wall Organizer		23	3.99		N		
01 000 000 6	000 231	10 610		Pizza/Water/Pop for Board Meeting		53	3.42		N		
01 000 030	130 100	00 610		PO #F108 - Manuevering the Middle		389	9.00		N		
01 000 030	130 100	00 610		PO #F109 - Mathgames.com		90	0.00		N		
01 000 000 0	000 100	00 610		PO #F110 - Office Supplies		83	3.64		N		
01 000 040	140 100	00 610		PO #F111 - Art Supplies		754	4.98		N:		
01 000 000 0	000 231	0 530		Stamps.com		19	9.99		N		
01 055 000 2	240 100	00 610		PO #E243 - SV Grant		2,601	1.45		N		

Parshall School District		Invoice List	ting - Detail			Page: 4
09/08/2023 1:04 PM					I	Jser ID: SHENA
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 - Classim 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 HARI	LOW'S BUS SALES INC	PO Number:		Invoice Number: 01W56	88 Amount;	791.59
Description: Bus Repairs		Invoice Date:	08/11/2023 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 IE	Detail Amount 1099 I	Detail Amount Asset/Asset 1	<u>ag In Full</u>	
01 000 000 000 2700 610	Inv #01W5688 - Bus 10 repairs		791.59	N	•	
Vendor ID: HARTCHEY HART	T, CHEYANNEA	PO Number:		Invoice Number: REIMO	9072023 Amount:	73.05
Description: Fuel Receipt		Invoice Date:	09/07/2023 Due Date:	09/13/2023 Status: A	1099 Amount: 0.00	10.00
Sequence: 1 Check Type:	Checking Account ID:		Check Number:	Check Date:	TOO THINDSHE V.VV	
Chart of Account Number	Detail Description	Cost Center ID		Detail Amount Asset/Asset 7	ag In Full	
06 611 000 410 3400 580	Reim for gas Suburban - XC meet		73.05	N		
Vendor ID: IXLLEARNIN IXL L	earning	PO Number:		invalantional and 400740	A 6000 000	
Description: Quote - IXL Site Licer	•	Invoice Date:	09/20/2023 - Duo Dato:	Invoice Number: 193743 09/13/2023 Status: A	9-2023-002 Amount: 1099 Amount: 0.00	3,400.00
Sequence: 1 Check Type:	•	mvoice bate.	Check Number:		1099 Amount; 0.00	
Chart of Account Number	Detail Description	Cost Center ID		Check Date: Detail Amount Asset/Asset T	ian la Ciul	
01 000 020 120 1000 810	Quote #1937439-2023-002 - PO #F138	Jost Denter ID	3,400.00	Detair Amount <u>AssevAsset 1</u> N	<u>ag In Full</u>	
5. 300 dE0 120 1000 010	WEGGE 1.001 TOO WORD-OOF -1 O M 100		3,700.00	£A.		
Vendor ID: JOHNSONCON Johns	son Controls Fire Protection LP	PO Number:		Invoice Number: 202308	01 Amount:	1,892.80
Description: Applied Fire Alarm Age	reomant	Invaios Date:	09/04/2022 Due Date:	00/40/2002 04-4 4	4000 4	• • • • • •

<u>Chart of Account Number</u> 01 000 020 120 2600 810	<u>Detail Description</u> Inv #23674975 - Elem Fire Alarm Agreemnt	Cost Center ID	Detail Amount 1099 1,012.91	Detail Amount Asset/Asset Tag N	<u>In Full</u>	
01 000 040 140 2600 810	Inv #23674996 - HS Fire Alarm Agreemnt		879.89	N		
Vendor ID: MINOT2	MINOT RESTAURANT SUPPLY	PO Number:		Invoice Number: D115349	Amount:	3,421.87

Parshall School District 09/08/2023 1:04 PM User ID: SHENA Description: Kitchen Supplies Due Date: 09/13/2023 Status: A Invoice Date: 08/10/2023 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 730 Inv #115349 - Kitchen Supplies 3.421.87 Vendor ID: MOBYMAX MobyMax, LLC PO Number: Invoice Number: 450299 Amount: 1,995.00 Description: K-8 Curriculum Invoice Date: 08/21/2023 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 2120 640 Inv #450299 - K-8 Curric Schoolwide Lic 1.995.00 Vendor ID: NDCEL1 NDCEL PO Number: Invoice Number: 34546 Amount: 393,75 Description: Fall Conference Registration 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 01 000 000 000 2320 810 Inv #34546 - Fall Conf Registration 393.75 N Vendor ID: NDCEL1 NDCEL PO Number: Invoice Number: 34573 Amount: 870.00 Description: Membership Renewal, NDASSP Dues Invoice Date: 08/13/2023 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 2410 810 Membership Renew; NDASSP Dues 870.00 Vendor ID: NDCEL1 NDCEL PO Number: Invoice Number: 34791 Amount: 375.00 Description: Fall Conference Registration 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 2410 810 Inv #34791 - Tricia Fall Conference Reg 375.00 Vendor ID: NDCEL1 NDCEL PO Number: Invoice Number: 8/2023 Registrations Amount: 1,100.00 Description: Fall Conference Registration Invoice Date: 08/23/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00 Check Type: Sequence: 1 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 2410 810 Inv #34936 Fall Conf - Amber 375.00 01 000 020 120 2120 810 Inv #365240 - Title IX Train - Goertzen 100.00 N

06 601 000 410 3400 810 Inv #35001 - NDIAAA LTC - Michelle H 250.00 N Vendor ID: NORTHERNPL Northern Plains Equipment PO Number:

100.00

275.00

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19.95

Invoice Number: IE42621 Amount: Description: Parts Invoice Date: 09/01/2023 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 2700 430 Inv# IE42621 - Head Gasket 19.95 Ν

Inv #35072 - Title IX Training - Amber

Inv #35073 - Title IX Training - Shanaye

01 000 040 140 2410 810

01 000 040 140 2410 810

09/08/2023 1:04 PM User ID: SHENA

Vendor ID: ODIN1 **ODIN** PO Number: Invoice Number: 23499 Amount: 118.00 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:

Chart of Account Number **Detail Description** Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

01 000 000 000 2220 610 Online Library Res - StWide Access 23-24 118.00 Ν

Otis Elevator Company Vendor ID: OTIS PO Number: Invoice Number: F10000111609 Amount: 100.00

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

Check Type: Sequence: 1 Check Number: Checking Account ID: 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 2600 810 Inv #F10000111609 Service Contract 100.00

Vendor ID: OTTERT OTTER TAIL POWER CO PO Number: Invoice Number: 20230810 Amount: 8.384.41

Description: Utilities-Electricity 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 622 Acct #16031360 - Supt 121.01 01 000 020 120 2600 622 Acct #13002834 - Elem 2,409,50 Ν 01 000 040 140 2600 622 Acct #20001593 - HS 5,766.48 01 000 000 000 2600 622 Acct #16031243 - Vacant (A Taft) 40.60 01 000 000 000 2600 622 Acct #16031396 - Vacant 28.34 0.00 N

Acct #16031599 - Vacant 01 000 000 000 2600 622 18.48 Ν

Vendor ID: PARINC PAR, Inc. PO Number: Invoice Number: 00242184 772.00 Amount:

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:

Chart of Account Number **Detail Description** Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

01 055 000 240 1000 610 Inv #242184 - Comprehensive Digital Kit 772.00

Vendor ID: PARSHS PARSHALL FOOD PRIDE PO Number: Invoice Number: 20230731 Amount: 111.50

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:

Chart of Account Number **Detail Description** Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full 06 601 000 410 3400 610 Code 370-Inv #26832 - Football Camp 102.21 Ν 05 000 000 910 3100 630 Code 365-Inv #26765 - Hot Lunch 3.15 Ν 05 000 000 910 3100 630 Code 365-Inv #26874 - Hot Lunch 34.15 Ν 05 000 000 910 3100 630 Code 365-fav #26997 - Hot Lunch 9.81 N 05 000 000 910 3100 630 Code 365 Credit on Account (37.82)

Vendor ID: PLAYVS Play Versus, Inc. PO Number: Invoice Number: 4274 Amount: 2.399.76

Description: Participation in Fall 2023 - Spring 2026 Invoice Date: 08/31/2023 Due Date: 09/13/2023 Status: A 1099 Amount: 0.00

Check Type: Sequence: 1 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 Fall 2023 - Spring 2026 Season 2.399.76 Ν 09/08/2023 1:04 PM User ID: SHENA

Vendor ID: POLANCO Polanco, Toni PO Number: Invoice Number: REIMBURSEMENT Amount: 68.25 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:

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 Psychology book - WW Norton & Co. 68.25

Vendor ID: PREBL PREBLE MEDICAL SERVICES PO Number: invoice Number: 6658 Amount: 56.00

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: Chart of Account Number Detail Description

Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

01 000 000 000 2310 300 Inv #6658 - Random T Albertson 56.00

Vendor ID: PROCO PROCONTROLS MIDWEST PO Number: Invoice Number: Maint23-24 Amount: 8,886.00

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:

Chart of Account Number **Detail Description** Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

HS Maintenance 23-24 01 000 040 140 2600 430 8.886.00 Ν

RADISSON INN Vendor ID: RADISS PO Number: Invoice Number: 70133907 Amount: 259.20

Description: Professional Development Conf. Due Date: 09/13/2023 Status: A Invoice Date: 08/10/2023 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 580 Prof Development Conf - MHanson 259,20 N

Vendor ID: RTC **RESERVATION TELEPHONE CO-OP** PO Number: Invoice Number: 20230731 Amount: 2,178.04

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:

Chart of Account Number **Detail Description** Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

01 000 000 000 2310 530 Acct #708000 - July 2,178.04

Vendor ID: SCHOOLDATE School Datebooks **PO Number:** Invoice Number: \$23-0263951 Amount: 1.006.84

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:

Chart of Account Number **Detail Description** Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

01 000 020 120 1000 610 Inv #S23-0263951 Classic Primary Block 503.42 Ν 01 000 020 120 1000 610 Inv #S23-0268442 Elementary Matrix 503.42 Ν

Vendor ID: UNITEDQUA1 UNITED QUALITY COOPERATIVE PO Number: Invoice Number: 20230731 Amount: 1.366.64

Ν

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:

Chart of Account Number **Detail Description** Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full 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 Ν

01 000 000 000 2600 620 Inv #JH4023 - LP Gas - 307 3rd St NW 622.87

Page: 8 User ID: SHENA

	ED QUALITY COOPERATIVE	PO Number:		Invoice Number: 202308	31 Amount:	5,978.08
Description: Fuel & Supplies		Invoice Date: 08	8/31/2023 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 T	ag <u>In Full</u>	
01 000 000 000 2600 424	Mower Fuel		40.32	N		
01 000 000 000 2700 610	PO #F101 - Inv #JG7377		226.00	N		
01 000 000 000 2600 620	Inv #102661 - Elem Propane		760.95	N		
01 000 000 000 2600 620	Inv #102660 - HS Propane		2,143.86	N		
01 000 000 000 2700 610	Fuel For Buses - August		2,786.45	N		
01 000 000 000 2700 430	Finance Charge-July stmt		20.50	N		
Vendor ID: UNIAT UNIVI	ERSAL ATHLETIC	PO Number:		Invoice Number: 802-005	57534-01 Amount:	450.00
Description: Football Pants		Invoice Date: 08	8/09/2023 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 f	Detail Amount Asset/Asset T	ag <u>In Full</u>	
06 601 000 410 3400 730	Inv #802-0057534-01 Football Pants		450.00	N		
Vendor ID: USFOOD US FO	DODSERVICE	PO Number:		Invoice Number: 202307	31 Amount:	670.40
Description: Food Services		Invoice Date: 07	7/31/2023 Due Date:	09/13/2023 Status: A	1099 Amount: 0.00	070.40
Sequence: 1 Check Type:	Checking Account ID:		Check Number:	Check Date:		
Chart of Account Number	Detail Description	Cost Center ID		Detail Amount Asset/Asset To	ag In Fult	
05 000 000 910 3100 630	Acct #83824730 Elementary-July		670.40	0.00 N	<u></u>	
Vendor ID: USFOOD US FO	DODSERVICE	PO Number:		Invoice Number: 202308	24	40 570 40
Description: Food Services	SOBSERVICE	Invoice Date: 08	8/31/2023 - Due Date:		31 Amount: 0.00	18,578.48
Sequence: 1 Check Type:	Checking Account ID:	mvoice Date. Oc	Check Number:	Check Date:	1099 Alliount. 0.00	
,	Detail Description	Cost Center ID		Check Date. Detail Amount Asset/Asset To	ag In Fult	
	Acct #23826761 - High School-Aug	DOST Deliter ID	10,032,95	0.00 N	ag <u>in Fuit</u>	
	Acct #13826763 - Elementary-Aug		8,545,53			
05 000 000 910 5100 650	Acc: #13020703 - Elementary-Aug		0,349.03	0.00 N		
Vendor ID: VERIZO VERIZ	ZON WIRELESS	PO Number:		Invoice Number: 9941186	0237 Amount:	122.97
Description: Utilities		Invoice Date: 08	8/03/2023 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 Ta	ag <u>In Full</u>	
01 000 000 000 2310 530	Inv #9941180237		122.97	N		
		Patol	h 1099 Total:	0.00	Battle Tatal	04.440.00
		DaţÇi	ar rogg rotat:	0.00	Batch Total:	94,143.99
		Repo	ort 1099 Total:	0.00	Report Total:	94,143.99
				****	. topott rotal.	U-1,1-10.00

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 1st 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.
 - o 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
 - o Budget 2023-24
- 4. Other Staff Development (Book Study Shifting the Balance Complete)
- 5. IT ~ working with RTC with technology issues
- 6. Curriculum
 - o Implement new math curriculum.
- 7. Activity Mini buses pick up in Bismarck
- 8. NDSBA ~ School Board Conference

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

School Board President: Kathy Onstad Superintendent: Shane Sagert High School Principal: Amber Young Bird
Elementary Principal: Tricia Wheeling

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 1st 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.

School Board President: Kathy Onstad Superintendent: Shane Sagert

High School Principal: Amber Young Bird
Elementary Principal: Tricia Wheeling



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.

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. 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. 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.

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

Sincerely,

Annette Bahling 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:

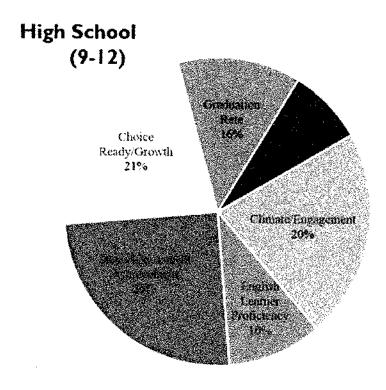
GED completion Rate

Choice Ready

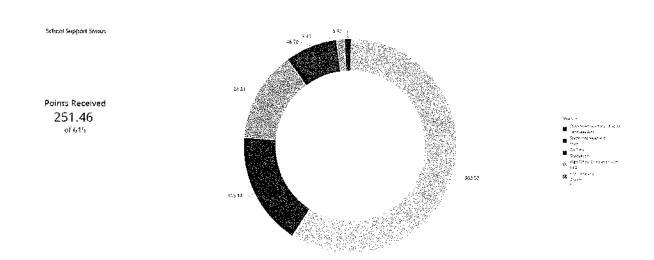
Understanding Accountability for HS:

Choice Ready Video

Accountability PIE: ND Pie Chart Below.



PHS Data:



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 UPKOTA CHOCH BHAUX

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.



small (18,1-21-22.2), and four or more additional indicators.

- lore Years in Oi





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

SAT Reading/Writing - 480 SAT Math - 530 ACT Reading -- 22 ACT Math - 21

ACT Science - 23

Iwo 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)



WORKFORGE 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,
- 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
 1 89.2
 2 89.7
 3 95.5
 4 94.4
 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. <u>Upcoming Trainings:</u>

- 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

THIS COM	NTRAC.	r is by and between <u>JOLA CLAUSON</u> hereinafter referred to as COACH and SCHOOL.
14/1/5054	CCOA	nerematter referred to as COACH and SCHOOL.
		CH wishes to accept the position and rendering services as Head Coach (Coach, Asst. Coach,
etc. in the	e PARS	HALL SCHOOL DISTRICT for TOOKOAL (name of sport/activity) season, as established
by the No	orth Da	kota High School Athletic Association for the 2023-2024 school year and SCHOOL desires to employ COACH for
the same	term a	and purpose:
THEREFO	RE, 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.
2) [·VDFCT	ii) All certifications need to be handed in to the Business Office.
2) E		ATIONS OF THE COACH
	a)	Pre-Season - Inventory List
	b) c)	Set-up a Parent/Player Meeting prior to the season.
	d)	All sports physicals need to be turned into the Main Office – BEFORE the first practice. 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 nd 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 Athles	tic Nies	ector will inform the Buciness Office when all requirements are made and account will follow
me Aunei	ac Dire	ctor will inform the Business Office when all requirements are met and payment will follow.
Years of Ex	perier	ice: 14 Contract Amount: 5005

II Bairo
THIS CONTRACT is by and between Brien hereinafter referred to as COACH and SCHOOL.
WHEREAS COACH wishes to accept the position and rendering services as <u>JH Coach</u> (Coach, Asst. Coach,
etc. in the PARSHALL SCHOOL DISTRICT for <u>FOOHDALL</u> (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 nd week of sport.
 g) Check student eligibility PRIOR to game day. h) Advance notice will be required or no facilities snace will be provided. If a change is needed, it must
 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: Contract Amount: 1044.25
Signature: Date: 2-24-23

	The second secon
WHEREAS COAC	T is by and between <u>Bandy Poitra</u> hereinafter referred to as COACH and SCHOOL. CH wishes to accept the position and rendering services as <u>JH COACH</u> (Coach, Asst. Coach, HALL SCHOOL DISTRICT for <u>FOOTBALL</u> (name of sport/activity) season, as established
by the North Da	kota High School Athletic Association for the 2023-2024 school year and SCHOOL desires to employ COACH for
the same term a	
	S AGREED AS FOLLOWS: 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 (4.9)

- 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
 - 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 2nd 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
 - Purchase Order if it is the year for new uniforms/warm-ups, etc. v)

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

Years of Experience: Contract Amou	nt: 1044.25
	Maulas
Signature	Date: <u>8/29/23</u>

THIS CONTRAC	I is by and between Peyton Two Crow hereinafter referred to as COACH and SCHOOL.
WHEREAS COA	CH wishes to accept the position and rendering services as <u>COOCH</u> (Coach, Asst. Coach,
	HALL SCHOOL DISTRICT for Football (name of sport/activity) season, as established
	skota High School Athletic Association for the 2023-2024 school year and SCHOOL desires to employ COACH for
the same term	
	IS AGREED AS FOLLOWS:
	GOACH before the execution to render equipment and but to Bright and the Alberta
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.
a) EVDECT	ii) All certifications need to be handed in to the Business Office.
	ATIONS OF THE COACH Pro Space Inventory List
b)	Pre-Season - Inventory List 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 nd 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 Dire	ector will inform the Business Office when all requirements are met and payment will follow.
Years of Experier	10ce: 2 Contract Amount: 1044.35
Signature:	Date: 8-74-23

- 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
 - 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 2nd 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

THIS CONTRACT is by and between Toni Polance hereinafter referred to as COACH and SCHOOL.
WHEREAS COACH wishes to accept the position and rendering services as AST COACH (Coach, Asst. Coach,
the in the Parsual Science District for Ald Pilled 1
etc. in the PARSHALL SCHOOL DISTRICT for VOILEY Dail (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 Listb) 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.
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g) Check student eligibility PRIOR to game day.
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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: Date: 8-24-23

Chart Hard
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 COSS 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 nd week of sport.
g) Check student eligibility PRIOR to game day.
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i) END OF SEASON -Turn into Main Office
i) Uniforms returned ii) Completed Inventory Post Inventory List
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.
v) Furchase 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

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 Respon	nsibilities:
The major duties and	responsibilities include but are not limited to:
assisting the superin field trips;	tendent with arranging transportation to all events and for school
setting up at athletic	events;
	oving game and practice sites, seating areas for fans, restroom and th adequate supervision;
keeping inventory or	f equipment, supplies, and uniforms;
helping to set up pre	season parent meetings;
supervision of athlet	ic events;
assisting the principa contests; and	als in investigating any alleged infractions of the NDHSAA
other duties as assign	ned by the Superintendent.
Terms of Employme	nt: 12 months
Evaluation:	Job performance will be evaluated by the Superintendent.
	will inform the Business Office when all requirements are met and payment will follow.
Years of Experience:	O Contract Amount: <u>6832.</u> 50
Signature: Mic	(LOQ1+1)) Date: 8/31/23

	0			
<u>Calculation of Zero Increa</u>	se Number of Mills - NDC	C 57-15-02.1		
	Previous Tax Year	Present Tax Year	Increase	
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			
Zero Increase Number of Mills		85.84		
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		
Percentage Increase for Public Hearing Notice		5.74%		
12% Growth Cap in Dollars		\$1,483,632.38		
General Fund Mill Equivalent		78.02		
Proposed General Fund Mill Equivalent		69.66		

Zero Increase Mills - Valuation and Levy Information

Taxable Valuatio	on
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	Con
Special Reserve	0.00	
Building Fund	0.00	Vote
Special Assessments	0.00	
Sinking and Interest	21.11	
Judgment	0.00	
TOTAL Mills Levied	90.77	

Control of Board

Voter Approved

\$1,024,024.90 \$46,399.64 \$141,480.88

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

Proposed Mill Levy for Pres	ent 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

Kirsten Baesler State Superintendent Dr. Donna Fishbeck Chief of Staff

Laurie Matzke Assistant Superintendent



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)

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 <u>correspondence</u> 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 <u>Targeted Support and Improvement</u> 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 18th 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 14th 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
 - o Grant Period: September 1, 2023 December 31, 2024
- Dedicated Coaching Liaison, through an REA, to help support schools in meeting improvement goals using the <u>School Renewal Process</u>
- 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 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 Improveme nt	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 Achievemen t - English Language Arts	28.89%	29.61	72.89	102.50
2022-23	Parshall 3	Parshall Elementary School		Elementary/ Middle	Student Achievemen t - 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 Improveme nt	55.57%	341.78	273.22	615.00

Nbr	
Numerator	Denominat or
26	90
14	90
40	70
35	71
79	92

Accountability Index | Viewer | Visualization 1

Academic Year	District	School	School Support	Measure Group	Measure	Percentage	Points Earned	Room for Improveme	Points Possible
2022-23	Parshall 3	Parshall High School	W.Z.IIIC	High	Overall Score	40.89%	251.46	363.55	615.01
2022-23	Parshall 3	Parshall High School		High	Student Achievemen t - English Language Arts	48.48%	48.78	51.85	100.63
2022-23	Parshall 3	Parshall High School		High	Student Achievemen t - 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 Improveme nt	59.11%	363.55	251.46	615.01

Nbr Numerator	Nbr Denominat
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)

☐ No Charge

School Year 20__-20__

It is hereby agreed that the students listed be Name of Resident Public School District	OW I	wilo are	residen	, , , , , , , , , , , , , , , , , , ,		
Name of Resident Public School States Middle	0 5	Sch	nol			
Address	اء س	<u> </u>	```			
New Bun PD	'nχ	10				
Shall be admitted to and educated by						
Name of Admitting Public School District		1	7			
Parshall Sign	<u> </u>	NO.	<u>4</u>			
Parshall, ND		87	70			
The tuition charged by the admitting district si	hall I	be as f <u>o</u>	llows:			
Name of Student			Grade	24-	Amount of Tuition *	
Ryan Littlebird, SP.	<u> </u>		Grade	<u>U</u>	Amount of Tuition *	
Name of Student					·	.
Name of Student	•	-	Grade		Amount of Tuition *	
Name of Student			Grade		Amount of Tuition *	
Name of Student			Grade		Amount of Tuition *	
Name of Student	<u>.,</u>		Grade		Amount of Tuition *	
Name of Student			Grade	Grade Amount of Tuition *		
Name of Student		Grade Amount of		Amount of Tuition *	· · ·	
Name of Student			Grade		Amount of Tuition *	
			Grade		Amount of Tuition *	
Name of Student						
				·	Total Tuition Due **	
						······································
Admitting District Board President Signature	_	Date		Admitting District Busines	s Manager Signature	Date
Resident District Board President Signature (if applicable	e)	Date		Resident District Busines	s Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable)			. <u></u>		<u> </u>	Date 8/10/2
Such Frederick H	10	Uu				10/10/2
* Enter the amount of tuition from the Worksl	heet	for Calc	culating	Tuition (SFN 50014)	or enter \$0,00 if there is to be	no tuition
charged. (NDCC Section 15.1-29-13 outlines	s wh	en tuitio	n must	be charged and when	tuition may be waived).	
	4	al bu oo	tual Eau	ndation Aid navments	received and by any school	taxes paid to
- the admitting district by the perent or dustries	าก กร	' an adm	nnea bu	DILIN ACCORDANCE WILL	FINDOC OCCUON 10.1-50 (5.	Payment of
tuition must be made in accordance with ND	CC:	Section	15.1-29	-07 or Section 15.1-2	9-13.	
Transportation*** provided by: (Please chec	k ap	propriat	te box)		T	,
		itting Di]	Not Provided	
				- remained to man team	reportation casts (NDCC 81)	5 1-29-03
*** Districts electing to educate students in of effective August 1, 2005.)	mer	districts	s are als	o required to pay train	ioportation oosto. (reco 311	
August indust i						





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

TABLE	of Agreement	
	District Paid Tuition	
	Parent Pald Tuition	
10	No Charge	
	Cost-Sharing Agreement	

SFN 50013 (08-07)					
	•		Scho	ool Year 2020]
Name of Resident Public School District	w who are res	idents of			
Address					
Shall be admitted to and educated by Name of Admitting Public School District	· · · · · · · · · · · · · · · · · · ·				
Address	 				
The tuition charged by the admitting district sha	ill be as follows				
Jesse belle Heavy Gun	Grad	10 11th	Amount of Tuition/0	Cost-Sharing *	·
Kancel Jo Havy (tun	Grad	le 10th	Amount of Tuition/0	Cost-Sharing *	
Name of student	Grac	e	Amount of Tuition/C	ost-Sharing *	
Name of Student	Grad	e	Amount of Tuition/G	ost-Sharing *	
Name of Student	Grad	e	Amount of Tuition/C	ost-Sharing *	
Name of Student		Grade Amount of		ost-Sharing *	
Name of Student		Grade Amount of Tu		ost-Sharing *	····
Name of Student	Grad	е	Amount of Tultion/C	ost-Sharing *	
Name of Student	Grade)	Amount of Tuition/C	ost-Sharing *	
	<u> </u>		Total Tuition/Cost-S	haring Due **	
Admitting District Board President Signature	Date	Admitting District Busin	ess Manager Signature	Dat	te
Resident District Board President Signature (if applicable)	Date	Resident District Busine applicable)	ess Manager Signature (if Dat	te
Parent or Guardian Signature (if applicable)	nblin			Dat	:e
Enter the amount of tuition from the Worksheet	for Calculating	Tuition (SFN 50014)	or enter \$0.00 if th	ere is to be no	
harged. (NDCC Section 15.1-29-13 outlines wh greed upon for a Cost-Sharing agreement for e	en iukiina miist	THE COSTORAL SINGLANDS	6 titition most be use	in a constitution of the c	e amount
The amount of tuition charged must be reduce ne admitting district by the parent or guardian of uition must be made in accordance with NDCC s	d by actual For	undation Aid paymen	ts received and by a		es paid to ment of
ransportation*** provided by: (Please check ap		(3.1.	· - ·		
B 11 15111 F1	itting District		Not Provided]	
* Districts electing to educate students in other					



	Parent/Guardian Information				
	Parent Glacdian Name (Last, First, M.I.)	avaeline	Ral	<u>.</u> .	
Λ.	Parent/Guardian Address 595	Vew Tow	n N.D.	58763	
ce	Home Telephone 421-7610	Work Telephone	1541	Deadline waiver requeste moved? (See reverse)	ed because you have
	Student Information			1 ca 1ca Miso	· · · · · · · · · · · · · · · · · · ·
	Student Name (Last, F/rst, M.I.) - List only one stu	$P \cap D = K$.	Does this student have a Specify disability:	a disability? 🗌 Yes 📈 N	0
	School Currently Attending (if different from resider	(YA <i>DO</i>) (Date of Birth 127	Current Grade Level
	List reason(s) for requesting open enrollment (OP	TIONAL) Ilyina 1554	ies and Ricks	Application Type: Family thdividual	
	School District Information Resident School District Name (- 1		Lovins		
	Admiliting Sehopi District Name 5	choo/	City In Which Resident S	1 Han Sth	001
į	Pulshall High Sch	001	City in Which Admitting &	I High Sch	00/
	The above Information is true and correct to the best	of my belief and knowled	ge		
	Strature of Parents Guardian & L	melin	Date 8/	14/23	
ſ	furn this application to the board of the admitting di	strict and file a copy of th	e application with the stude	nt's district of residence.	
ì	Date and Time Application Received by	Admitting District			
ĺ	Date Application Received	Time Application Receive		Pirantus Oak - 1 Diet 1 cm	<u> </u>
			ed (aroleste Mar of Life)	Signature School District R	sepresentative
_		····			
_	Admitting District Approval/Disapprove	al	···		
1	Following review of this application for open enrollme of this district which have been developed for open e	ent, and with due conside enrollment, this applicatio	eration to the laws and rules in is hereby (check one);	applicable to open enrollme	nt, and to the criteria
	After action has been taken, this within five days, and one copy is	s application must be im cept in the files of the ad-	mediately sent to the resider	ot district, one copy sent to ti	ne parent/guardian
Ì	☐ Disapproved After action has been taken, this district, and one copy kept in the files of the admitting	s application must be ser district. The application	at to the parent/guardian with was disapproved for the fol	nin five days, one copy sent lowing reason(s):	to the resident
-	Signature of School Board President	1	Date		



	rdian Information				
	Jan Name (Last, First, M.I.)	Vangeline	R.		
Parent/Guard	<u> </u>	New TOW.	n ND	5870	13
Oel Home Teleph	1-7610	Work Telephone	75H	Deadline waiver requester moved? (See reverse) Yes No	d because you have
Student Info					·
LHEAV		se helle E.	Does this student have Specify disability:	a disability? Yes	, , ,
Mais	nlly Attending (if different from res	D(!\nb()	<u> </u>	Date of Birth 10 - 22 - 05	Current Grade Level
12021	for requesting open empliment	hullying 158	sues and	Application Type:	<u> </u>
School Dist	hûviNA diugs in	n school J			-
New)	TOWN High	School	NEW IOW	School District is Located ,	001
Admitting Scho	Shall High S	ochool	City in Which Admitting	School District is Located	001
The above inform	mation is true and correct to the t	pest of my belief and knowledg			
1 XXVII	arent/Guardian) 2	2. Bonkly	Date 81 /	4 / 3	
(cation to the board of the admittir		application with the stude	ent's district of residence.	<u> </u>
Date and Tin	ne Application Received	by Admitting District			
Date Applicatio	n Received	Time Application Receive	ed (Indicate AM or PM)	Signature School District Re	epresentative
				·	,,,,
Admitting F	Nation A			· · · · · · · · · · · · · · · · · · ·	
Solution rates	District Approval/Disappr	roval	····-		
of this district wi	w of this application for open enro hich have been developed for op	ollment, and with due consider en enrollment, this application	ation to the laws and rules its hereby (check one):	applicable to open enrollmen	it, and to the criteria
☐ Approved	After action has been taken within five days, and one or	n, this application must be immopy kept in the files of the adm	ediately sent to the reside	nt district, one copy sent to th	e parent/guardian
Disapprove district, and one	d After action has been taken copy kept in the files of the adm	i, this application must be sent itting district. The application	to the parent/guardian wit was disapproved for the fo	hin five days, one copy sent to flowing reason(s):	o the resident
	nool Board President		Date	- v-r	



AGREEMENT

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

ł [I	DISTRICT PORT LURIDO
	Parent Paid Tuition
	No Charge
	Cost-Sharing Agreement

School Year 202320_24

It is hereby agreed that the students listed bek Name of Resident Public School District	ow who a	re resi	dents of		
Betterfully North Store P	LAZA		ļ		
801 COUBIL St. PLAZA NO		121			
'	7	<u>t-t,l,</u>	<u> </u>		
Shall be admitted to and educated by Name of Admitting Public School District			<u>-</u>		
Panshal high School		4010	<u>+ 3</u> #		
(eD) North main St. Por	hdl	ND.	58770		
The tuition charged by the admitting district sha		'			
Name of Student		Grade		I Amount of Tuition/Cost-Sharin	uā •
Name of Student		Grade	<u> </u>	Amount of Tuition/Cost-Sharir	ng *
Walks with the Wind		<u> </u>	9		
Name of Student		Grade	de Amount of Tuition/Cost-		ag •
Name of Student		Grade	•	Amount of Tuition/Cost-Share	9*
Name of Student		Grade	*	Amount of Tuition/Cost-Sharin	9*
Name of Student		Grade		Amount of Tuition/Cost-Sharing	
Name of Student		Grade	· · · · · · · · · · · · · · · · · · ·	Amount of Tultion/Cost-Sharing *	
Name of Student		Grade		Amount of Tuition/Cost-Sharing	g •
Name of Student		Grade	11. 31. m 12. 11. 11. 11. 11. 11. 11. 11. 11. 11.	Amount of Tuition/Cost-Sharing *	
		l		Total Tuition/Cost-Sharing Due) 1
				<u> </u>	
Admitting District Board President Signature	Date		Admitting District Busines	ss Manager Signature	Date
Resident District Board President Signature (if applicable)	Date		Resident District Busines applicable)	s Manager Signature (if	Date
Pagent or Guardian Signature (if applicable)	<u></u>			, , , , , , , , , , , , , , , , , , ,	Date
Myry Prymowou			· · · · · · · · · · · · · · · · · · ·		8-14-23
Enter the amount of tuition from the Worksheet	for Calcu	ılating	Tuition (SFN 50014)	or enter \$0.00 if there is to	be no tuition
named, (NDCC Section 15.1-29-13 outlines wh	en tuition	must i	be charged and when	tuition may be waived). Et	nter the amount
greed upon for a Cost-Sharing agreement for e	uucamg	aluuen	is iii a viitual academ	y. (MDCC Section 15.1-31	-07)
The amount of tuition charged must be reduce ne admitting district by the parent or guardian of uition must be made in accordance with NDCC \$	an admit	ted pur	pil in accordance with	NDCC Section 15.1-29-12	ol taxes paid to 2. Payment of
ransportation*** provided by: (Please check ap					
	itting Dist			Not Provided	
Keardent District T			<u> </u>		

^{***} 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

Туре	of Agreement	
	District Paid Tuition	٦
	Parent Paid Tuition	
	No Charge	1
	Cost-Sharing Agreement	١
	·····	

NORTH DAKOTA DE OFFICE OF SCHOOL SFN 50013 (08-07)	DEPARTMENT OF PUE DL FINANCE AND ORI			INSTRUCTION ZATION			☐ Parent Pa ☐ No Charge ☐ Cost-Shar	
						Γ	School Year 2	2020
It is hereby agreed that the students i	isted belov	w who ar	e resid	lents of				
Name of Resident Public School District	· · · · · · · · · · · · · · · · · · ·							
Vew low:	<u> </u>							
604 9 th 54. N	_ Box	432	2 1	lew Tours.	N()	5870	5 3	
Shall be admitted to and educated by								
Name of Admitting Public School District	-	·						
Parshall School District #3								
Address 601 N Main St, Parshall ND 58	770	<u></u>						
The tuition charged by the admitting d	lietriet ebal	l ho as fo						
Name of Student		i de as ic	Grade			mount of Tu	ition/Cost-Sha	sino A
L Tan Wounded face	<u>e</u> _		*****	K.	'	miodin or 15	IIIO(#COS(-O)Ia	mg
Name of Student			Grade)	A	mount of Tu	ition/Cost-Sha	ring *
Name of Student		Grade	1	T A	Amount of Tuition/Cost-Sharing *		ring *	
Name of Student		Grade		Amount of Tuition/Cost-Sharing *		ring *		
			0,000	•	^	anount of the	IIIOI#CUSI-GIIAI	ing .
Name of Student		Grade	!	A	mount of Tu	ition/Cost-Shar	ing *	
Name of Student		Grade		Ä	mount of Tui	lion/Cost-Shar	ring *	
Name of Student	··· ·· ·		Grade		A	mount of Tul	tion/Cost-Shar	ing *
Name of Student			Grade		A	mount of Tui	tion/Cost-Shar	ing *
Name of Student			Grade	<u>.</u>	Ar	mount of Tui	tion/Cost-Shar	ing *
			-		To	otal Tuition/C	ost-Sharing D	110 **
							——————————————————————————————————————	
Admitting District Board President Signature	·.	Date	•	Admitting District Bu	usiness M	lanager Sign	alure	Date
Resident District Board President Signature (if	applicable)	Date		Resident District Bus applicable)	siness Ma	anager Sign:	ature (if	Date
Parent or Guardian Signature (if applicable)						···· ··· <u> </u>	· 	Date
V John Street	·							
Enter the amount of tuition from the V harged. (NDCC Section 15.1-29-13 or	Vorksheet utlines whe	for Calcu en tuition	lating must	Tuition (SFN 5001 be charged and w	14) or e	enter \$0.00) if there is t	o be no tuition
greed upon for a Cost-Sharing agreer	nent for ed	ducating	studer	its in a virtual acad	demy. (NDCC Se	ction 15.1-3	11-07)
* The amount of tuition charged must the ne admitting district by the parent or guillition must be made in accordance with	Jardian of .	an admit	ted pu	pil in accordance v	with NC	OCC Section	d by any scł on 15.1 - 29-	nool taxes paid to 12. Payment of
ransportation*** provided by: (Please	check apr	oropriate	box)					
Resident District		tting Dist			No	ot Provide	d □	
				<u> </u>	!			



PUBLIC SCHOOL DISTRICT TUITION/COST-SHARING

Туре	of Agreement
	District Paid Tuition
	Parent Paid Tuition
	No Charge
	Cost-Sharing Agreement

SFN 50013 (08-07)	ATION				
SFN 30013 (08-07)		School Year 202	20		
It is hereby agreed that the students listed b	elow who ar	e reside	ents of		
Name of Resident Public School District	CIOW WITE AN	c restat	site of		
Address Gra O. C. O. I. a. I. C.		41.00	Cc2-7.		
Address 600 215 2nd st SE	Minot	, NI)	58/01		
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 fo	ollows:			
Name of Student Brooklyn E.		Grade	7	Amount of Tuition/Cost-Sharing *	
Name of Student / Svaney O.		Grade	3	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 *	<u> </u>
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 *	
		1	***************************************	Total Tuition/Cost-Sharing Due **	
Adams Sixtist David David Office					
Admitting District Board President Signature	Date		Admitting District Busines	ss Manager Signature	Date
Resident District Board President Signature (if applica	ble) Date		Resident District Busines applicable)	s Manager Signalure (if	Date
Parent or Suardian Signature (if applicable)	·				5-13-23
* Enter the amount of tuition from the Worksl	neet for Calc	ulating	Tuition (SFN 50014)	or enter \$0.00 if there is to b	e no tuition
charged. (NDCC Section 15.1-29-13 outlines agreed upon for a Cost-Sharing agreement f	or educating	studen	ts in a virtual academ	y. (NDCC Section 15.1-31-0	er ine amount 7)
** The amount of tuition charged must be rec the admitting district by the parent or guardia tuition must be made in accordance with ND	in of an admi	itted pu	pil in accordance with	NDCC Section 15.1-29-12.	I taxes paid to Payment of
Transportation*** provided by: (Please chec	k appropriate	e box)			
Resident District	Admitting Dis	strict [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.)



Parent/Guardian Information				
Parant/Guardian Name (Last, First, M.I.)	1 M 0 =		<u> </u>	
Mckae Kobert, 6	. / /lichae, E	Ma, No		
Parent/Guardian Address Sel 1st Stree	. McRae, E, + NV, Minot	ND 58	7013	<u></u>
Home Telephone	Work Telephone		Deadline waiver request	ed because you have
(9ø1) 647-8/88			moved? (See reverse)	•
C/2-10 - 1 - 102			Yes 🗹 No	,
Student Information				
Student Name (Last, First, M.I.) - List only	y one student per application	Does this student have	a disability? ☐ Yes ☐ 1	
McKae Brooklyn, E.		Specify disability:		
School Currently Atlending (if different from	n resident school district)		Date of Birth	Current Grade Level
farshall				7
List reason(s) for requesting open enrolling	ent (OPTIONAL)	······································	Application Type:	
Farents teach @ Parsh	<u>://</u>		Family individual	
School District Information				
Resident School District Name		City in Which Resident	School District Is Located	
Mnot		Minor	f	
Admitting School District Name		City in Which Admitting	School District is Located	· · · · · · · · · · · · · · · · · · ·
Parshall School District #3		Parshall		
The above information is true and correct to	the best of my belief and knowled	qė.		
Signalure of Parent/Guardian		Date		
Chow ///Ken	w	8/15/20	g ∕ 2}	
Return this application to the board of the add	milting district and file a copy of th	e application with the stude	ent's district of residence.	
Date and Time Application Received			· · · · · · · · · · · · · · · · · · ·	
Date Application Received	Time Application Receiv	red (Indicate AM or PM)	Signature School District	Representative
				ļ
- 11-11-11-11-11-11-11-11-11-11-11-11-11				<u></u>
Admitting District Approval/Disa	pproval			
Following review of this application for open	enrollment, and with due consider	ration to the laws and rules	s applicable to open enrollm	ent, and to the criteria
of this district which have been developed to	ir open enrollment, this application	n is hereby (check one):	·	
After action has been twithin five days, and or	aken, this application must be imr ne copy kept in the files of the adn	nediately sent to the reside nitting district,	ent district, one copy sent to	the parent/guardian
Disapproved After action has been to district, and one copy kept in the files of the	aken, this application must be sen admitting district. The application	nt to the parent/guardian wi was disapproved for the fo	thin five days, one copy sen offowing reason(s):	t to the resident
Signature of School Board President		Date		



<u>ParenvGuard</u>	ian information				
Parent/Guardian	Name (Last, First, M.I.)	4 ,	<u> </u>	·	
Mckae	hobert, G. M.	Kan Frie	N		
Parent/Guardian	Address	Tive / En / Ca, 1	 	···	
502 /	St Street NW	(Minot)	ND 5876	3	
Home Telephone		Work Telephone		Deadline waiver request	ed because vou have
(900)6	47-8188			moved? (See reverse)	ou bolouse you have
				☐ Yes ☐ No	
Student Inforn					
Student Name (La	ast, First, M.I.) - List only one st	tudent per application	Does this student have	a disability? ☐ Yes ☐ 1	lo
Michae, S	ydney, O.		Specify disability:	<u> </u>	
School Currently	Attending (if different from reside	ent school district)		Date of Birth	Current Grade Level
Parshall				10/13/10/4	3
List reason(s) for a	requesting open enrollment (Olech @ Parshell	PTIONAL)	·- ·	Application Type:	
Parents tea	ch @ Parshell	•		Family Individual	
· · · ·		· · · · · · · · · · · · · · · · · · ·			
School District	t Information				
Resident School C	District Name	·····	City in Which Resident	School District is Located	
Minut			Minot	CONCOL DISTINCT IS LOCATED	
Admitting School I	District Name	······································		School District is Located	<u> </u>
Parshall Schoo			Parshall	School District is Focated	
··········		<u> </u>	Tr dronois	<u> </u>	· · · · · · · · · · · · · · · · · · ·
The above informati	on is true and correct to the bes	t of my belief and knowled	ne		
Signature of Parer	n/Guardian		Date //		
Just	neur		1 0/10-19	١ 👡 ١	
	pue a		0//5/0	2023	
return ins applicate	on to the board of the admitting o	district and life a copy of th	e application with the stud	ent's district of residence.	
Date and Time	Application Desciousts	and a second second second			
Date Application R	Application Received by				
Date Application K	eceived	Time Application Receiv	red (Indicate AM or PM)	Signature School District I	Representative
		İ			
		<u> </u>	····	1	······································
<u>-</u>		·			
Admitting Dist	trict Approval/Disapprov	val			
Following review of	this application for open enrolln	nent, and with due conside	ration to the laws and rule	s applicable to open enrollmo	and to the criteria
of this district which	have been developed for open	enrollment, this application	n is hereby (check one):	- approach to aperi critatiii	orit, and to the chicala
☐ Approved	After action has been taken, the	nis application must be imr	nediately sent to the reside	ent district, one copy sent to t	the parent/guardian
	within five days, and one copy	kept in the files of the adn	nitting district.		, -
Disapproved	After action has been taken the	-t			:
	After action has been taken, th by kept in the files of the admittin	ns application must be ser	it to the parent/guardian wi	ithin five days, one copy seni	to the resident
		ia cierrer i the abblication	was disapproved for the fo	pliowing reason(s):	
Signature of School	Board President	<u> </u>	Date	······································	



Туре	of Agreement
	District Paid Tuition
	Parent Paid Tuition
	No Charge
	Cost-Sharing Agreement

It is hereby agreed that the students listed below who are residents of Name of Resident Public Spoto District Address IT	3F(4 000 13 (00-07)						
Name of Student Name of Studen						School Year 20_	-20
Name of Student Name of Studen	It is hereby agreed that the students listed belo	w who are	reside	ents of			····
Shall be admitted to and educated by Name of Admitting Public School District #3 Address Addre	Name of Resident Public School District			<u>"</u>			
Shall be admitted to and educated by Name of Admitting Public School District #3 Address Addre	New Town			İ			
Name of Student Grade Amount of Tuition/Cost-Sharing *	Address						
Name of Student Grade Amount of Tuition/Cost-Sharing *	618 125 St. N						
Name of Student Grade Amount of Tuition/Cost-Sharing *	Shall be admitted to and educated by						
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 Crade Amount of Tuition/Cost-Sharing * Amount of Tuition/Cost-Sharing * Amount of Tuition/Cost-Sharing * Name of Student Name of Student Student Orade Amount of Tuition/Cost-Sharing * Name of Student Student 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 * Total Tuition/Cost-Sharing Due	Name of Admitting Public School District						
The tuition charged by the admitting district shall be as follows: Name of Student Student Name of Student Orade Amount of Tuition/Cost-Sharing ' Amount of Tuition/Cost-Sharing ' Name of Student Name of Student Orade Amount of Tuition/Cost-Sharing ' Total Tuition/Cost-Sharing ' Total Tuition/Cost-Sharing ' Total Tuition/Cost-Sharing ' Total Tuition/Cost-Sharing Due '' Total Tuition/C							
The tuition charged by the admitting district shall be as follows: Name of Student Student Name of Student Date Amount of Tuition/Cost-Sharing Total Tuition/Cost-Sharing Total Tuition/Cost-Sharing Date Resident District Business Manager Signature Date Resident District Business Manager Signature (if applicable) Name of Student 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 harged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived.). Enter the amount greed 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 uition must be made in accordance with NDCC Section 15.1-29-13. *Transportation*** provided by: (Please check appropriate box)	Address						
Name of Student Name of Studen	601 N Main St, Parshall ND 58770						
Name of Student Name of Studen	The fulfiles channel but the admitting district of						
Name of Student Name of Studen	Name of Student	III be as fol			Amount of	Tuitian/Cont Chari-	. *
Name of Student Name o	TRUTH MACH	j	Grade	2	Amount of	i uition/Cost-Sharing	
Name of Student Name o	Name of Student		Grade		Amount of	Tuition/Cost-Sharing	*
Name of Student Amount of Tuition/Cost-Sharing **Name of Student Name of Student Name of Student Name of Student Amount of Tuition/Cost-Sharing **Name of Student Name of Student Name of Student Amount of Tuition/Cost-Sharing **Name of Student Name of Student Amount of Tuition/Cost-Sharing **Name of Student Name of Student Name of Student Amount of Tuition/Cost-Sharing **Name of Student Name of Student Amount of Tuition/Cost-Sharing **Name o	Duranta Marve)			1	7	. altoni occionani	
Name of Student Name of Student Stude	Name of Student		Grade		Amount of	Tuition/Cost-Sharing	*
Name of Student Name of Student Stude							
Name of Student Name of Student Stude	Name of Student		Grade		Amount of T	Fuition/Cost-Sharing	*
Name of Student Name of Student Stude							
Name of Student Name of Student Resident District Board President Signature (if applicable) Parent or Guardian Signature (if applicable) Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition tharged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter 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 uition must be made in accordance with NDCC Section 15.1-29-12. Payment of uition must be made in accordance with NDCC Section 15.1-29-12. Payment of uition must be made in accordance with NDCC Section 15.1-29-12. Payment of uition must be made in accordance with NDCC Section 15.1-29-13.	Name of Student		Grade		Amount of 1	Tuition/Cost-Sharing	*
Name of Student Name of Student Grade Amount of Tuition/Cost-Sharing * Amount of Tuition/Cost-Sharing * Total Tuition/Cost-Sharing Due ** Admitting District Board President Signature Admitting District Board President Signature Date Resident District Business Manager 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 sharged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount of tuition charged must be reduced by actual Foundation Aid payments received and by any school taxes paid to be admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of unition must be made in accordance with NDCC Section 15.1-29-13. Transportation*** provided by: (Please check appropriate box)	Name of Student		Grade		Amount of 1	Fuition/Cost-Sharing	*
Name of Student Name of Student Student Admitting District Board President Signature Resident District Board President Signature (if applicable) Parent or Guardian Signature (if applicable) Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition that generated 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 be 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 15.1-29-13. Transportation**** provided by: (Please check appropriate box)		ſ	0,000		Amount or	runon/cost-onaning	
Name of Student Grade Amount of Tuition/Cost-Sharing " Total Tuition/Cost-Sharing Due " Admitting District Board President Signature Resident District Board President Signature (if applicable) Parent or Guardian Signature (if applicable) Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition tharged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount greed 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 uition must be made in accordance with NDCC Section 15.1-29-13. *Transportation*** provided by: (Please check appropriate box)	Name of Student		Grade		Amount of 1	Fuition/Cost-Sharing	+
Name of Student Grade Amount of Tuition/Cost-Sharing " Total Tuition/Cost-Sharing Due " Admitting District Board President Signature Resident District Board President Signature (if applicable) Parent or Guardian Signature (if applicable) Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition tharged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount greed 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 uition must be made in accordance with NDCC Section 15.1-29-13. *Transportation*** provided by: (Please check appropriate box)						v	
Admitting District Board President Signature Date Resident District Board President Signature (if applicable) Parent or Guardian Signature (if applicable) Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition tharged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount of 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 a cuition must be made in accordance with NDCC Section 15.1-29-13. Transportation*** provided by: (Please check appropriate box)	Name of Student		Grade		Amount of 1	uition/Cost-Sharing	*
Admitting District Board President Signature Date Resident District Board President Signature (if applicable) Parent or Guardian Signature (if applicable) Enter the amount of tuition from the Worksheet for Calculating Tuition (SFN 50014) or enter \$0.00 if there is to be no tuition tharged. (NDCC Section 15.1-29-13 outlines when tuition must be charged and when tuition may be waived). Enter the amount of 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 a cuition must be made in accordance with NDCC Section 15.1-29-13. Transportation*** provided by: (Please check appropriate box)							
Admitting District Board President Signature Date Resident District Business Manager Signature Date	Name of Student		Grade		Amount of 7	fuition/Cost-Sharing	*
Admitting District Board President Signature Date Resident District Business Manager Signature Date	á :						
Resident District Board President Signature (if applicable) Parent or Guardian Signature (if applicable) 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 uition 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)					Total Tuition	n/Cost-Sharing Due	**
Resident District Board President Signature (if applicable) Parent or Guardian Signature (if applicable) 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 uition 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)							
Parent or Guardian Signature (if applicable) 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 uition 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)	Admitting District Board President Signature	Date		Admitting District Busin	ess Manager Si	ignature	Date
Parent or Guardian Signature (if applicable) 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 uition 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)				_	•	•	
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 Board President Signature (if applicable)	Date			ess Manager Sig	gnature (if	Date
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 cuition 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)	Parent or Guardian Signature (if applicable)						Date
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 cuition 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)	X/Var Sile						
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 cuition 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)							
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 cuition 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)	Enter the amount of tuition from the Workshee	t for Calcul	lating	Tuition (SFN 50014) or enter \$0.	.00 if there is to	be no tuition
* 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 uition 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)	charged. (NDCC Section 15.1-29-13 outlines wi	nen tuition i	must l	be charged and whe	en tuition may	/ be waived). En	ter the amount
he admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of uition 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)	igreed upon for a Cost-Sharing agreement for e	educating s	tuden	ts in a virtual acade	my. (NDCC S	Section 15.1-31-	07)
he admitting district by the parent or guardian of an admitted pupil in accordance with NDCC Section 15.1-29-12. Payment of uition 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)	* The amount of tuition charged must be reduc-	ed by actus	al Équ	ndation Aid novembr	to received o	and by any asha	al tauca: t
ransportation*** provided by: (Please check appropriate box)	he admitting district by the parent or quardian o	f an admitt	arrou ed nu	nil in accordance wi	th NDCC Sec	inu by any 80104 etion 15 1-20-12	Di taxes pard to
ransportation*** provided by: (Please check appropriate box)	uition must be made in accordance with NDCC	Section 15	i.1-29	07 or Section 15.1-	29-13.	0.001, 10,1720-12	. raymentor
					. = -		
Resident District	ransportation*** provided by: (Please check a	ppropriate	box)			, ,,	
	Resident District	nitting Distr	ict [Not Provid	ded 🗍	
					1	<u> </u>	

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



	ian Information				
	Name (Last, First, M.I.)	1 .1			
Licht		le N			
Parent/Guardian	Address				
618	IRIL ST N				
Home Telephone	1	Work Telephone		Deadline waiver requested	d because you have
701-42	21-3513	,	·	moved? (See reverse)	
Student Inform					
MACVEL	ast, First, M.I.) - List only one sti		Does this student have Specify disability:	a disability? 🗌 Yes 📈 No)
	Attending (if different from reside	ent school district)	<u> </u>	Date of Birth	Current Grade Level
<u> Jarska</u>	all	·		12-04-2015	Z
List reason(s) for r	requesting open enroliment (OF	PTIONAL)		Application Type:	<u> </u>
				☐ Family ☐ Individual	
	·			.l	
School District			<u> </u>		
Resident School D	Jistrict Name			School District is Located	
			New 701	N.	
Admitting School E Parshall School			City in Which Admitting	School District is Located	
Parsnan School	I District #3		Parshall		<u> </u>
The above information	ion is true and correct to the best	* of my belief and knowled:			
Signature of Paren	nt/Guardian	Of the Delice sha knowledge	ge. Date		
				_	
Datum this ambigation	on to the board of the admitting d	at a test and file a penu of the	1 0 4 11 - XC	125	
кешп пяа пррвода	TO the poster of the solutional of	listrict and the a copy or the	e application with the stude	ant's district of residence.	
Date and Time	Application Received by	· Admitting District			
Date Application Re	Approactors recommend	Time Application Receive		Torrestore Cabaci District E	4-41
DOIS - PERTE	SCEIVEG	пте дружают повет	ed (Indicate Aivi or Fivi)	Signature School District Re	epresentative
		<u> </u>		<u> </u>	
					
_					
Admitting Dist	trict Approval/Disapprov	val			
Following review of	f this application for open enrollm	nent, and with due consider	eration to the laws and rule	e applicable to open enrollme	of and to the criteria
of this district which	n have been developed for open	enrollment, this application	n is hereby (check one):) appropries to spen	IN and to the witness
_					
Approved	After action has been taken, the within five days, and one copy	is application must be imm	nediately sent to the reside	ant district, one copy sent to the	ne parent/guardian
	Mittill HAR nake! with our soft	Kept in the likes of the again	afting astrict.		
Disapproved	After action has been taken, th	nis application must be ser	nt to the parent/guardian wi	ithin five days, one copy sent	to the resident
	py kept in the files of the admittin	ng district. The application	was disapproved for the fo	allowing reason(s):	to the resident
Signature of School			Date	-	
Olgimora v. a	Don't House		pare		
		1	4		1



Parent/Guardian Information				
Parent/Guardian Name (Last, First, M.1.)				
Lichter Nicole	M			
Parent/Guardian Address			• • • • • • • • • • • • • • • • • • • •	 .
618 12 th St. N	···			
Home Telephone	Work Telephone	·	Deadline waiver requeste	d because you have
701-421-3513			moved? (See reverse)	Ť
	<u></u>		Yes No	
Student Information				
Student Name (Last, First, M.I.) - List only one str	udent per application	Does this student have Specify disability:	a disability? 🗌 Yes 💆 No	0
School Currently Attending (if different from resider	ent school district)		Date of Birth	Current Grade Level
larshal)	,		02-06-2017	Contest Grave Fever
List reason(s) for requesting open enrollment (OF	PTIONAL)		Application Type:	<u> </u>
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Family Individual	
			<u> </u>	····
School District Information				
Resident School District Name		City in Which Resident 8	School District is Located	
		New Toak		
Admitting School District Name		City in Which Admitting :	School District is Located	
Parshall School District #3		Parshall		
The shows information in two and account of the form			<u> </u>	
The above information is true and correct to the best Signature of Parent/Guardian	of my belief and knowledg			 -
Signature of Parento-Guardian	!	Date	_	
Model Xilter	····	07-11-202	<u> </u>	
Return this application to the board of the admitting d	district and file a copy of the	e application with the stude	ent's district of residence.	<u> </u>
Data and Time Application Described by	. A -laltain a Pol-a l- l			
Date and Time Application Received by Date Application Received			T	
Date Application Medelded	Time Application Receive	ed (Indicate AM or PM)	Signature School District R	(epresentative
	<u></u>		<u> </u>	
			<u> </u>	
				
Admitting District Approval/Disapprov	lev			
Following review of this application for open errollm	nent and with due conside	ration to the laws and rules	c coolicable to open enrollmy	and in the editoria
of this district which have been developed for open	enrollment, this application	n is hereby (check one):	з аррисавле то орен ептовите	int, and to the chiena
Approved After action has been taken, the	is application must be imm	nediately sent to the reside	int district, one copy sent to t	he parent/guardian
within five days, and one copy	kept in the files of the adm	iftling district.		
Disapproved After action has been taken, the district, and one copy kept in the files of the admitting	is application must be senting district. The application	it to the parent/guardian wit was disapproved for the fo	thin five days, one copy sent ollowing reason(s):	to the resident
Signature of School Board President		Date	<u>.</u>	
angi mana at		Date		





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

Туре	of Agreement	
	District Paid Tuition	
	Parent Paid Tuition	
	No Charge	
	Cost-Sharing Agreement	

				School Year 20	<u>23</u> 20 <u>~</u> 4
It is hereby agreed that the students listed below	ow who ar	re resid	ents of		
Name of Resident Public School District New Town					
Address					
Shall be admitted to and educated by					
Name of Admitting Public School District					
Address					
The tuition charged by the admitting district sha	all be as f				
Kadence Lynch		Grade 9th	ı	Amount of Tuition/Cost-Shari	ng *
Name of Student		Grade		Amount of Tuition (Cost Short	*
Jaxen Hodges		4th		Amount of Tuition/Cost-Shari	ng -
Name of Student		Grade		Amount of Tuition/Cost-Shari	ng *
Name of Student		Grade		Amount of Tuition/Cost-Shari	ng *
Name of Student		Grade		Amount of Tuition/Cost-Shari	ng *
Name of Student		Grade		Amount of Tuition/Cost-Shari	ng *
Name of Student		Grade		Amount of Tuition/Cost-Shari	ng *
Name of Student		Grade	····	Amount of Tuition/Cost-Sharin	ng *
Name of Student		Grade		Amount of Tuition/Cost-Sharin	ng *
		1	.,,,	Total Tuition/Cost-Sharing Du	e **
Admitting District Board President Signature	Date		Admitting District Duning	on Manager Signature	7
Admining District Double (resident dignature	Date		Admitting District Busines	ss manager signature	Date
Resident District Board President Signature (if applicable)	Date		Resident District Busines applicable)	s Manager Signature (if	Date
Parent or Guardian Signature (if applicable) Katie Peugh					Date 08/09/2023
Enter the amount of tuition from the Workshee harged. (NDCC Section 15.1-29-13 outlines was greed upon for a Cost-Sharing agreement for	hen tuitior	n must l	be charged and when	tuition may be waived). E	nter the amount
* The amount of tuition charged must be reduce ne admitting district by the parent or guardian of uition must be made in accordance with NDCC	of an admi	itted pu	pil in accordance with	NDCC Section 15.1-29-1	ool taxes paid to 2. Payment of
ransportation*** provided by: (Please check a	ppropriate	e box)			
	nitting Dis			Not Provided	





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 bell Name of Resident Public School District New+own HTCH SC	ow who a	<u>re resider</u>	nts of	- "	
Address					
Shall be admitted to and educated by			···-		
Name of Admitting Public School District	<u>000</u>	<u> </u>			
Addréss					
The tuition charged by the admitting district sh	nall be as	follows:		Amount of Tuition *	
Name of Student				Amount of Tuition *	
Name of Student		Grade	·	Amount of Tutton	
Name of Student	**************************************	Grade		Amount of Tuition *	
Name of Student	·	Grade		Amount of Tuition *	
Name of Student		Grade		Amount of Tuition *	<u> </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 *	
Traine di Citatoni				Total Tuition Due **	
Admitting District Board President Signature	Date		Admitting District Busines	s Manager Signature	Date
Resident District Board President Signature (if applicable	e) Date		Resident District Busines	s Manager Signature (if applicable)	Date
Parent or Guardian Signature (if applicable)					Date Color
13, 19012	·	<u>.</u>			*:
* Enter the amount of tuition from the Worksh charged. (NDCC Section 15.1-29-13 outlines	when tur	tion must	be charged and when	tulion may be warred).	
** The amount of tuition charged must be rec the admitting district by the parent or guardia tuition must be made in accordance with ND	n of an ac	amiπeo Di	IDII IN accordance with	MDCC Section 19:1-50-15:	taxes paid to Payment of
Transportation*** provided by: (Please chec	k appropr	riate box)	<u></u>	1	
		District [<u> </u>	Not Provided	<u>, </u>
		_1	required to pay from	enortation costs (NDCC 81	5.1-29-03





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

Туре	of Agreement
	District Paid Tuition
	Parent Paid Tuition
	No Charge
	Cost-Sharing Agreement
Sc	hool Year 20 -20

It is hereby agreed that the students listed below who are residents of Name of Resident Public School District

Address 3756 97th Ave NW NEW TOWN ND SETUS

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: Amount of Tuition/Cost-Sharing * Name of Student Grade Name of Student Grade Amount of Tuition/Cost-Sharing* Amount of Tuition/Cost-Sharing * Name of Student Grade Grade Amount of Tuition/Cost-Sharing Name of Student Amount of Tuition/Cost-Sharing ' Grade Name of Student Name of Student Amount of Tuition/Cost-Sharing * Grade Grade Amount of Tuition/Cost-Sharing ' Name of Student Name of Student Grade Amount of Tuition/Cost-Sharing * Amount of Tuition/Cost-Sharing * Name of Student Grade 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)	Colum	Sen	Date 2/10/33

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

^{*} 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.

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



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

Туре	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	v who are	<u>reside</u>	ents of			
Name of Resident Public School District						
Address Winot	•					
Shall be admitted to and educated by						
Name of Admitting Public School District						
Address Payshall						
The tuition charged by the admitting district shall	bo so fo	lloura				
Name of Student And Little Bill-Limbs	L De as IO	Grade	1) th	Amount of T	uition/Cost-Sharing	*
Name of Student AMOUG LYONS	,	Grade	8th	Amount of T	uition/Cost-Sharing	•
Name of Student		Grade		Amount of T	uition/Cost-Sharing	•
Name of Student		Grade		Amount of T	uition/Cost-Sharing	
Name of Student		Grade		Amount of T	uition/Cost-Sharing	•
Name of Student	,	Grade	· · · · · · · · · · · · · · · · · · ·	Amount of T	uition/Cost-Sharing	
Name of Student		Grade		Amount of T	uition/Cost-Sharing	•
Name of Student		Grade	• · · · · · · · · · · · · · · · · · · ·	Amount of T	ultion/Cost-Sharing	•
Name of Student		Grade		Amount of T	uition/Cost-Sharing '	,
	I			Total Tuition	/Cost-Sharing Due *	*
Admitting District Board Descriptor Clarators	Data.		Ladades - British			
Admitting District Board President Signature	Date		Admitting District Busine			Date
Resident District Board President Signature (if applicable)	Date		Resident District Busines applicable)	ss Manager Sig	nature (if	Date
Parent or Guardian Signature (If applicable)						Pate 8 14 93
* Enter the amount of tuition from the Worksheet charged. (NDCC Section 15.1-29-13 outlines who agreed upon for a Cost-Sharing agreement for ed	en tuition	must l	be charged and when	tuition may	be waived). Ent	er the amount
** The amount of tuition charged must be reduced the admitting district by the parent or guardian of tuition must be made in accordance with NDCC 5	an admit	tted pu	pil in accordance with	NDCC Sec	nd by any schoo tion 15.1-29-12.	l taxes paid to Payment of

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

Not Provided

Admitting District

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

Resident District



Туре	of Agreement
	District Paid Tuition
	Parent Paid Tuition
	No Charge
	Cost-Sharing Agreement

SFN 50013 (08-07)					
				School Year 202	0
It is hereby agreed that the students listed Name of Resident Public School District	below who ar	e reside	ents of		
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 distric	ct shall be as f				
Name of Student MUANA Grand Chann		Grade	th	Amount of Tuition/Cost-Sharing *	
Myalya Grand Champ Name of Student Traike Grand Champ		Grade	k,	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 Tultion/Cost-Sharing *	
Name of Student		Grade		Amount of Tuition/Cost-Sharing *	
Name of Student		Grade		Amount of Tultion/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 **	
				rotal rumon/cost-smalling bue	
Admitting District Board President Signature	Date		Admitting District Busines	ss Manager Signature	Date
Resident District Board President Signature (if appl	icable) Date	· · · · · · · · · · · · · · · · · · ·	Resident District Busines	s Manager Signature (if	Date
	30.0		applicable)	o managor orginaleso (n	
Parent or Guardian Signature (if applicable) MWWULL Fash out					2~10-93
				. 40.00	
 Enter the amount of tuition from the Worl charged. (NDCC Section 15.1-29-13 outline 					
agreed upon for a Cost-Sharing agreemer					
** The amount of tuition charged must be	educed by act	ual Fou	indation Aid payments	received and by any school	taxes paid to
the admitting district by the parent or guard tuition must be made in accordance with N					Payment of
Transportation*** provided by: (Please ch	eck appropriat	e box)			
Resident District	Admitting Di	strict [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.)



rarenuGuar	<u>dian</u> intormation				
Parent/Guardia	n Name (Last, First, M.I.)	 -			
Grande	Chamo Mudua	ı M			
Parent/Guardia	n Address	1_701		<u> </u>	
12945		Jew Town 1	UD 58463	>	
Home Telephor	ne ji waxy 0 1		M) 28143		
	·	Work Telephone		Deadline waiver requ	ested because you have
1701-42	1-6212			moved? (See revers	e)
		<u></u>		☐ Yes ☐ No	<u> </u>
Student Infor			<u> </u>		· · · · · · · · · · · · · · · · · · ·
LOYATVACA	Last, First, M.I.) - List only one	ń A	Does this student have Specify disability:	e a disability? 🗌 Yes 🎉	Î No
School Currently	Attending (if different from resid	ent school district)		D-1(D)#	
164 51/10 11	<u> </u>	it VC/I		Date of Birth	Current Grade Level
List reason(s) for	requesting open enrollment (C	OPTIONAL)		+ -	10th
				Application Type:	
				Family Individu	/al
School Distric	t Information				
Resident School	District Name		City in Which Design	<u> </u>	
Lyew t	TOWN			School District is Located	
Admitting School	District Name		NEW TOWN		
Parshall School	of District #3		Parshall	School District is Located	
		<u> </u>	<u> </u>		
The above informal	ion is true and correct to the bes	st of my belief and knowledg	10		· · · · · · · · · · · · · · · · · · ·
Signature of Pare	nt/Guardian,		Date		
MARINI	to Youghout		^		
Return this applicati	on to the Board of the art atti	P. A.L.	8-10-23		
	on to the board of the admitting	district and file a copy of the	application with the studi	ent's district of residence.	
Date Application R	Application Received b	y Admitting District			
Date Aphtication H	teceived	Time Application Receive	ed (Indicate AM or PM)	Signature School Distric	: Representative
		ł	-		······································
		<u> </u>			
					· · · · · · · · · · · · · · · · · · ·
·		······································			
Admitting Dist	rict Approval/Disapprov	/al			
Following review of	this application for open excelled	and and with discount in	dian to the terms of the	· · · · · · · · · · · · · · · · · · ·	<u> </u>
of this district which	have been developed for open	enrollment, this application	is become laws and rules	applicable to open enrollr	ment, and to the criteria
Approved	After action has been taken, the within five days, and one copy	iis application must be imme	ediately sent to the resider	of district and convent to	
	within five days, and one copy	kept in the files of the admit	ting district.	o-series, one copy sent to	parenvguardian
Disapproved					
istrict, and one con	After action has been taken, they kept in the files of the admitting	is application must be sent t	to the parent/guardian wit	hin five days, one copy ser	nt to the resident
		g district. The application w	as disapproved for the fol	lowing reason(s):	
Signature of School	Board President		Date	<u> </u>	
		'	want		
	·				ļ



	an information				
	Name (Last, First, M.J.)				· · · · · · · · · · · · · · · · · · ·
Lamber	******	$\mathcal{M}_{}$			
		ew Town N	D 58763		•
Home Telephone	2 1	Work Telephone		Deadline waiver requeste	d because you have
701-421	1-6212			moved? (See reverse) ☐ Yes ☐ No	. <u> </u>
Student Inform					
Grandch		_	Does this student have a Specify disability:	a disability? Yes No)
School Currently A	tlending (if different from reside	nt school district)		Date of Birth	Current Grade Level
Parshall	Elementary ?	School		6-12-13	411
List reason(s) for re	equesting open enrollment (OF	PTIONAL)		Application Type:	
School District	Information				
Resident School Di	istrict Name		City in Which Resident S	School District is Located	
New	roun		New Town		13
Admitting School D Parshall School			City in Which Admitting S Parshall	School District is Located	
The above information	in is true and correct to the best	of my belief and knowledg	e.		
Signature of Parent	/Guardian		Data	· · · · · · · · · · · · · · · · · · ·	
Mount	L Jambert		8-10-23		
Return this application	n to the board of the admitting o	district and file a copy of the	e application with the stude	nt's district of residence,	· · · · · · · · · · · · · · · · · · ·
Date and Time A	Application Received by	. Admitting District			
Date Application Re		Time Application Receive	ed (Indicate AM or PM)	Signature School District R	enresentativo
		.,	i (1777-1820)	Organica Compos District 14	spieseiitative
					1
Admitting Dist	rict Approval/Disapprov	/al	· · · · · · · · · · · · · · · · · · ·		
Following review of t	this application for open enrollm	ent, and with due consider	ration to the laws and rules	applicable to open enrollme	nt and to the criteria
of this district which	have been developed for open	enrollment, this application	is hereby (check one):	approade to open embline	ric, and so the chiena
☐ Approved	After action has been taken, th within five days, and one copy	is application must be imm kept in the files of the adm	nediately sent to the reside uitling district.	nt district, one copy sent to ti	ne parent/guardian
Disapproved district, and one cop	After action has been taken, th y kept in the files of the admittin	is application must be sen ig district. The application	t to the parent/guardian wit was disapproved for the fo	hin five days, one copy sent llowing reason(s):	to the resident
Signature of School	Board President		Date		



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 2020	

SFN 50013 (08-07)	AND ORGANI	ZATION	Cost-Sharing	Agreement
			School Year 20_	-20
It is hereby agreed that the students listed below	w who are resid	ents of		
Name of Resident Public School District				
White Shipld High Scho	00[
l	seglen k	on 58775		
LOS TOUT OF STREET TO	segien in	70 00 113		
Shall be admitted to and educated by	Ū			
Name of Admitting Public School District				
Parshall High School				
601 main st N Parsha	11 110 6	770		
301 11 10 14 5 M	11 012 00	1 1 10		
The tuition charged by the admitting district shall	l be as follows:			
Name of Student	Grade	1144	Amount of Tuition/Cost-Sharing	±
Haiden Glen Brayer	04	<u> </u>		
, manic of didden.	Grade		Amount of Tultion/Cost-Sharing	•
Name of Student	Grade	* .	Amount of Tuition/Cost-Sharing	<u>, </u>
<u></u>				
Name of Student	Grade		Amount of Tuition/Cost-Sharing	k
Name of Student	Condo			<u> </u>
Traine of Georgie	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	0.00		1 - 1 - 1 - 10 - 10 - 10 - 10	· · · · · · · · · · · · · · · · · · ·
Name of Student	Grade		Amount of Tuition/Cost-Sharing	'
Name of Student	Grade		Amount of Tuition/Cost-Sharing	- V _ VIII.
			Ū	
			Total Tuition/Cost-Sharing Due *	t
		l		
Admitting District Board President Signature	Date	Admitting District Busines	s Manager Signature	Date
			o managor angitatoro	24.0
Resident District Board President Signature (if applicable)	Date	Resident District Business	Manager Signature (if	Date
		applicable)		
Parent or Guardian Signature (if applicable)				Date 8 1 2023
			<u>. </u>	10 11 7000
Enter the amount of tuition from the Worksheet	for Calculating	Tuition (SEN 50014) o	or enter \$0.00 if there is to b	e no tuition

*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	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 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 belo	w who are r	esiden	its of						
Name of Resident Public School District NELL STOWN SCHOOL CLISTON CT									
8647 39th Ave NW Newtown W 58763									
Shall be admitted to and educated by									
Name of Admitting Public School District PC175/04/1 SCMUU C	distri	C+							
Address	<u> </u>								
The tuition charged by the admitting district sha	all be as tolk	ows: Grade	1/	Amount of Tuition *					
Moxon fortis		Grade	<u> </u>	Amount of Tuition *					
Name of Student		Glade		· 	.~				
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				Amount of Tuition *					
Name of Student		Grade							
				Total Tuition Due **					
Admitting District Board President Signature	Date		Admitting District Business Manager Signature		Date				
Resident District Board President Signature (if applicable)	e) Date		Resident District Business Manager Signature (if applicable)		Date				
Parent or Guardian Signature (if applicable)		_			Date 9/33				
* Enter the amount of tuition from the Worksho	and four Color	datina	Tuition (SEN 50014) o	r 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	(ullion may be walved).					
** The amount of tuition charged must be redu	iced by actu	ıal Fou	indation Aid payments	received and by any school	taxes paid to				
** The amount of tuition charged must be reduction the admitting district by the parent or guardian tuition must be made in accordance with NDC	ı ot an admıl	nea pu	ibit itt accordance mint	MDCC Occupit to:1 to 12:	· mgillionin wi				
Transportation*** provided by: (Please check	appropriate	box)		1 i					
<u> </u>	Admitting District			Not Provided	<u></u>				
			e required to pay trans	sportation costs. (NDCC §15	5.1-29-03				





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

Туре	of Agreement
	District Paid Tuition
	Parent Paid Tuition
	No Charge
	Cost-Sharing Agreement

				School Year 202	·o			
It is hereby agreed that the students listed be	low who ar	e reside	ents of					
Name of Resident Public School District	سبسد							
Address New	J To	<u>~ ~ ~</u>)					
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								
- 1 1 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
The tuition charged by the admitting district s		ollows: Grade		Amount of Tuition/Cost-Sharing *				
Martin & R	abago	Ciacc	2_	Parioditi of Tutton/Cost-Sharing				
Name of Student	-)	Grade		Amount of Tuition/Cost-Sharing *				
Name of Student	Name of Student			Amount of Tuition/Cost-Sharing *				
Name of Student				Amount of Tuition/Cost-Sharing *				
Name of Student				Amount of Tuition/Cost-Sharing *				
Name of Student	Name of Student			Amount of Tuition/Cost-Sharing *				
name of student		Grade		Andone or Educino ost-Sharing				
Name of Student				Amount of Tuition/Cost-Sharing *				
Name of Student				Amount of Tuition/Cost-Sharing *				
Name of Student				Amount of Tuition/Cost-Sharing *				
				Total Tuition/Cost-Sharing Due **				
Admitting District Board President Signature	Date		Admitting District Busines	ss Manager Signature	Date			
,	00.0		, romany District Stating	o managar organicara				
Resident District Board President Signature (if applicab	able) Date		Resident District Busines applicable)	s Manager Signature (if	Date			
Parent or Guardian Signature (if applicable)					Date			
Ayutzir Alondta Martin	<u>ገወረ </u>							
* Enter the amount of tuition from the Warlah	act for Cala	ulatina	Tuition (SEN 50014)	ar amiar PO OO if there is to b	4. ::4:			
* Enter the amount of tuition from the Worksh- charged. (NDCC Section 15.1-29-13 outlines								
agreed upon for a Cost-Sharing agreement fo								
** The amount of tuition charged must be red	and by ant	ual Fou	ndation Aid navments	raceived and by any schoo	I tavos paid to			
the admitting district by the parent or guardiar								
tuition must be made in accordance with NDC	C Section	15,1-29	-07 or Section 15.1-29	9-13.				
Transportation*** provided by: (Please check	appropriate	e box)						
Resident District	ormany Di	suict L		Not Provided				