All students are to attend school in the attendance area in which they reside. Out-of-area or out-of-district students may request special consideration for enrollment in an attendance area other than the one they reside in by completing the following:

1. Complete a Request for Out-of-Area Enrollment form and return to non-attendance area principal for review.
2. If approved by the non-attendance area principal, the request must be forwarded to the attendance area principal school for approval or disapproval.
3. Tuition will be charged for out-of-district enrollments (students not residing within MCPS District boundaries). Parents/guardians must arrange tuition with the MCPS District Business Manager.

The following conditions will apply:

* Parent/Guardian is responsible for transporting student.
* Out-of-Area assignment will be for the remainder of the present school year only, unless renewed.
* Receiving school principal may require an interview.
* Enrollment in non-attendance area school will be contingent on: space available, regular attendance, sufficient academic effort, and compliance with behavior expectations. (This can be reviewed mid-year.)
* Montana High School Association (MHSA) mandates that out-of-area transfer students are ineligible to participate in a varsity Association Contest for 90 school days after transferring.

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STUDENT NAME: ___________________ DATE OF BIRTH: ____________ GRADE: ____________

ADDRESS: 
(Street Address Only) (City) (State) (Zip)

SCHOOL CURRENTLY ENROLLED: ________________________________

ATTENDANCE AREA SCHOOL: ________________________________

SCHOOL REQUESTED: ________________________________

REASON FOR REQUEST: ____________________________________________

☐ Approved  ☐ Disapproved  (Signature of Principal-Originating School)

☐ Approved  ☐ Disapproved  (Signature of Principal-Receiving School)

Receiving principal is responsible for distribution of notice of the final decision.
Distribution of copies: White-Receiving Principal, Yellow-Originating Principal, Pink-Parent/Guardian

Out-of-District tuition to be assessed:

☐ No  ☐ Yes

(Parent Signature) (Date) (Contact Phone Number)

(Address) (City) (State) (Zip) (Email Address)