



Forward Thinking, High Achieving.

SCHOOL YEAR\_\_\_\_\_

## **Request for Out-of-Area Enrollment** **Missoula County Public Schools**

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.

**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)

\_\_\_\_\_  
(Parent Signature)

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Contact Phone Number)

Out-of-District tuition to be assessed:

☐ No  
☐ Yes

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Email Address)

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