In-District High School Transfer Request Form
Missoula County Public Schools

Committee Review: Comprised of high school principals and Assistant Superintendent.

Student Name: ____________________________________________  Current Grade: ________  Age:__________

(Last)   (First)

Academic Year Applying For:___________  Semester Applying For:  [ ] Semester 1  [ ] Semester 2

Current School Student is Attending: ____________________________________________________________

Student Attendance Area: (Based on current address or new address if change of residence)

[ ] Big Sky High School  [ ] Hellgate High School  [ ] Seeley-Swan High School  [ ] Sentinel High School

Physical Address: ____________________________________________  (Street Address Only)

(City)   (State)   (Zip)

Parent/Guardian Name(s): ____________________________________________ /

(Last)   (First)    (Last)   First)

Parent/Guardian Phone: ____________________________________________ (Home)

(Start)   (Cell)

Student is requesting a transfer to ___________________________ High School.

Reason for the Request: (Choose one of the reasons below for requesting this transfer.)

[ ] Legal/Safety  [ ] Health  [ ] Academic  [ ] Siblings  [ ] Children of Staff  [ ] Other

If other, please provide an explanation: ____________________________________________________________

INCLUDE: (Required)

* A letter from student detailing explanation for the request
* A letter from parent/guardian detailing explanation for the request
* Documents supporting reason for request. (NOTE: Staff are not allowed to provide a letter of support.)
* Current and previous progress report schedule or most current report card if not in high school yet
* Graduation Credit Check Form (if in 10th-12th grade). Available in High School Counselor Office.

The undersigned parent/guardian and student verify that the information is accurate and all parties understand the transfer policy and related policy implications such as Montana High School Association activity eligibility.

Student Signature: ____________________________________________ Date:________

Parent Signature: ____________________________________________ Date:________

Parent Signature: ____________________________________________ Date:________

School District use below this line:

Transfer Request Decision:  [ ] Approved  [ ] Denied

If denied, reason for the denial: ____________________________________________ Date Reviewed: ________

Administrative Action: ______________________________

Assistant Superintendent Signature: ____________________________________________ Date:________

High School Principal Signature: ____________________________________________ Date:________

High School Principal Signature: ____________________________________________ Date:________