



SCHOOL YEAR _____

Request for Out-of-District Enrollment **Missoula County Public Schools**

Forward Thinking, High Achieving.

All students are to attend school in the attendance area in which they reside. Students not residing within the MCPS District #1 attendance boundaries may request special consideration for enrollment by completing the following:

- * Complete a Request for Out-of-District Enrollment form and return it to the Assistant Superintendent, MCPS Administration Building A, 909 South Ave. West.
- * In addition, the following documentation must be completed and submitted with the Out-of-District Request form:
 - A letter from student detailing explanation for the request. (Grade 9-12 ONLY)
 - A letter from parent/guardian detailing explanation for the request.
 - Documents supporting the reason for the request.
 - Current and previous progress report schedule or most current report card if not in high school yet.
- * Tuition will be charged for out-of-district enrollments. Parents/guardians must arrange tuition with the MCPS District Business Manager upon approval from the Assistant Superintendent.

The following conditions will apply:

- * Parent/Guardian is responsible for transporting student.
- * Out-of-District assignment will be for 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-district 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: _____

PARENT SIGNATURE: _____ **DATE:** _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNATURE: _____ **DATE:** _____
(Signature of Assistant Superintendent)

- Approved
- Disapproved