



Forward Thinking, High Achieving.

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

**In-District Transfer Request Form - Grades K-8**  
**Missoula County Public Schools**

**Application Deadlines:**

- **May 1, 2023** for all current 5th graders (*will be 6th graders in the 23-24 school year*)
- **May 12, 2023** for current K-8 transfer students (those already enrolled in non-attendance area school)
- **August 10, 2023** for new K-8 students to the District or new transfer request

**Submit the form and completed documents to:** Assistant Superintendent's Office, Missoula County Public Schools Administration Building A, 909 South Ave. West, Missoula, MT 59801.

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)

Physical Address: \_\_\_\_\_  
(Street Address Only) (City) (State) (Zip)

Parent/Guardian Name(s): \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Last) First

Parent/Guardian Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Student is requesting a transfer to \_\_\_\_\_.

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

- |                                       |  |                                   |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Legal/Safety | <input type="checkbox"/> Health            | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Siblings     | <input type="checkbox"/> Children of Staff | <input type="checkbox"/> Other    |

If other, please provide an explanation: \_\_\_\_\_

**INCLUDE: (Required)**

- \* 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

The undersigned parent/guardian and student verify that the information is accurate and all parties understand the following conditions will apply:

- \* Parent/Guardian is responsible for transporting student.
- \* Out-of-Area assignment will be for the current school year only, unless renewed.
- \* 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.)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School District use below this line:**

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Transfer Request Decision: ☐ Approved ☐ Denied

If denied, reason for the denial: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Administrative Action: \_\_\_\_\_

Assistant Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_