



Forward Thinking, High Achieving.

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

SCHOOL YEAR _____

Application Deadlines:

- **December 14**, for consideration of a change mid-year
- **August 10**, for all other existing students and new students to the District

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 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:

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

Transfer Request Decision: Approved Denied

If denied, reason for the denial: _____ Date Reviewed: _____

Administrative Action: _____

Assistant Superintendent Signature: _____ Date: _____

Elementary Principal Signature: _____ Date: _____

Elementary Principal Signature: _____ Date: _____