



SCHOOL YEAR _____

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

Application Deadlines:

- **December 9, 2024** for consideration of a change mid-year, at end of 1st Semester for current high school students
- **January 17, 2025**, for all current 8th graders (*will be 9th graders in the 25-26 school year*)
- **July 31, 2025**, for all other existing high school students and new students to the District

Submit the form and completed documents to: Assistant Superintendent's Office, Missoula County Public Schools

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) _____ (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
- * Current transcript (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:

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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: _____

High School Principal Signature: _____ Date: _____

High School Principal Signature: _____ Date: _____

Final appeals must be filed with the Superintendent - 909 South Ave. West, Missoula, MT 59801.