In District High School Transfer Request Form Supervised and the second statement of a change mid-year, at end of 1st Semaster for current high school students Prevised and the second statement of a change mid-year, at end of 1st Semaster for current high school students Prevised and the second statement of a change mid-year, at end of 1st Semaster for current high school students Prevised and the second statement of the second students and new students to the District Submit the form and completed documents to: Assistant Superintendent's Office, Missoula County Public Schools Sudent Name:	connect		SCHOOL YEAR		
Application Deadlines: Application Consideration of a change mid-year, at end of 1st Semester for current high school students	In-District	<u>t High School Transfer R</u>	equest Form		
•December 9, 2024 for consideration of a change mid-year, at end of 1st Semeater for current high eachool students •Juny 31, 2025, for all outrent this praceders (with be gling praceders in the 25-25-26 school year) •July 31, 2025, for all other axistiant Superintendent's Office, Missoula County Public Schools Student Name: (Last) ("first) Current Grade: (Last) ("first) (Last) (Clp) Parent/Guardian Name(s): (Last) (First) (Clp) (State) Current Grade: (Street Address Only) (Clb) (State) (Zp) Parent/Guardian Name(s): (Last) (First) (Last) (First) Parent/Guardian Phone: (Last) (First) (Last) (Clast) Student is requesting a transfer toHigh School (Street Address Only) (Clb) (State) (Clast) Student is requesting a transfer toHigh School (Cast) Student is requesting a transfer toHigh School Conserved the request * Altert from started tabling explanation for the request * Altert from started tabling explanation for the request * Altert from started tabling explanation for the request * Altert from started tabling explanation for the request * Altert from started tabling explanation for the request * Altert from started tabling explanation for the request * Altert from started tabling explanation for the request * Altert from started tabling explanation for the request * Altert from started tabling explanation for the request * Altert from started tabling explanation for the request * Altert from started tabling explanation for the request * Altert from started tabling explanation for the request * Altert from started tabling explanation for the request	MISSOULE COUNTY	-			
Submit the form and completed documents to: Assistant Superintendent's Office, Missoula County Public Schools Student Name:	·Dece •Janu	ember 9, 2024 for consideration of a ary 17, 2025, for all current 8th gr	aders (will be 9th graders in	the 25-26 school y	ear)
(Last) (First) Academic Year Applying For: Semester Applying For: Semester 1 Semester 2 Current School Student is Attending:					
(Last) (First) Academic Year Applying For: Semester Applying For: Semester 1 Semester 2 Current School Student is Attending:	Student Name:		Current Grade	: Age:	
Current School Student is Attending:		(Last) (First)		/.90	
Student Attendance Area: (Based on current address or new address if change of residence)	Academic Year Applying For:	Semester Applying F	or: Semester 1	Semester 2	
Big Sky High School Hellgate High School Senten High School Senten High School Physical Address: (Street Address Only) (City) (State) (Zip) Parent/Guardian Name(s): / / / (Last) First) Parent/Guardian Name(s): (Last) (First) (Last) First) Parent/Guardian Name(s): (Last) (First) (Last) First) Student is requesting a transfer to High School. Reason for the Request: (Choose one of the reasons below for requesting this transfer.) Academic Other Big Sky High School Health Academic Other Other NCLUDE: (Required) Academic Other NCLUDE: (Required) Aletter from parent/guardian detailing explanation for the request Aletter from parent/guardian detailing explanation for the request Aletter from parent/guardian detailing explanation for the request Current and previous progress report schedule or most current report card if not in high school yet Current transcript (III noth-12th grade). Student Stand Dueston Stand Student Stand Dueston Stand Student Stand Dueston Stand Dueston Stand Student Stand Dueston Stand Dueston Stand St	Current School Student is Attendir	ıg:			
Physical Address:	Student Attendance Area: (Based	on current address or new address if c	hange of residence)		
(Street Address Only) (City) (State) (Zip) Parent/Guardian Name(s): / / / / (Last) (First) (Last) First) Pirst) Parent/Guardian Phone: (Last) (First) (Last) First) Parent/Guardian Phone: (Last) (First) (Cell) Student is requesting a transfer to	Big Sky High School	Hellgate High School	Seeley-Swan High Scho	ool 🗌 Sentine	l High School
Parent/Guardian Name(s): / / (Last) (First) (Last) First) Parent/Guardian Phone: (Cell) (Cell) Student is requesting a transfer to High School. Reason for the Request: (Choose one of the reasons below for requesting this transfer.) Academic Legal/Safety Health Academic Siblings Children of Staff Other If other, please provide an explanation for the request * A letter from student detailing explanation for the request * A letter from student detailing explanation for the request * 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 relate policy implications such as Montana High School Association activity eligibility. Student Signature: Date: Parent Signature: Date: Parent Signature: Date: Committee Review: Comprised of high school principals and Assistant Superintendent. Transfer Request Decision: Approved Denied If denied, reason f	Physical Address:				
(Last) (First) (Last) First) Parent/Guardian Phone: (Home) (Cell) Student is requesting a transfer to		(Street Address Only)	(City)	(State)	(Zip)
Parent/Guardian Phone:	Parent/Guardian Name(s):	(Last) (First	/	(Last)	First)
Student is requesting a transfer to	Parent/Guardian Phone:			. ,	
Reason for the Request: (Choose one of the reasons below for requesting this transfer.)					
Legal/Safety Health Academic If other, please provide an explanation: Other INCLUDE: (Required) * A letter from student detailing explanation for the request * A letter from student detailing explanation for the request * A letter from student detailing explanation for the request * A letter from parent/guardian detailing explanation for the request * Current and previous progress report schedule or most current report card if not in high school yet * Current ranscript (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 relate policy implications such as Montana High School Association activity eligibility. Student Signature:	Student is requesting a transfer to		High School.		
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 * A letter from parent/guardian 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 relate policy implications such as Montana High School Association activity eligibility. Student Signature:	Reason for the Request: (Choose	one of the reasons below for requesting	g this transfer.)		
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INCLUDE: (<i>Required</i>) 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 relate policy implications such as Montana High School Association activity eligibility. Student Signature: Date: Date: Parent Signature: Date: Date: Transfer Request Decision: Approved Denied If denied, reason for the denial: Date: Date: Assistant Superintendent Signature: Date: Date:	Sibling	s 🗌 Child	ren of Staff	Other	
* 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 relate policy implications such as Montana High School Association activity eligibility. Student Signature: Date: Parent Signature: Date: Parent Signature: Date: Transfer Request Decision: Approved Denied If denied, reason for the denial: Date: Assistant Superintendent Signature: Date:	If other, please provide an explana	ation:			
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Parent Signature: Date: Parent Signature: Date: Date: Date: Committee Review: Comprised of high school principals and Assistant Superintendent. Transfer Request Decision: Approved Denied Date Reviewed: If denied, reason for the denial: Date Administrative Action: Date: Assistant Superintendent Signature: Date: High School Principal Signature: Date:		-	-	es understand the t	ransfer policy and relate
Parent Signature:	Student Signature:		Date:		
School District use below this line: Committee Review: Comprised of high school principals and Assistant Superintendent. Transfer Request Decision: Approved Denied If denied, reason for the denial: Date Reviewed: Date Reviewed: Administrative Action: Date: Date: High School Principal Signature: Date: Date:	Parent Signature:		Date:		
Committee Review: Comprised of high school principals and Assistant Superintendent. Transfer Request Decision:	Parent Signature:		Date:		
If denied, reason for the denial: Date Reviewed: Administrative Action:		••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • •	•••••
Administrative Action:	Transfer Request Decision:	Approved Denied			
Assistant Superintendent Signature:	If denied, reason for the denial:			Date R	eviewed:
High School Principal Signature:Date:	Administrative Action:				
	Assistant Superintendent Signatur	'e:	Date:		
High School Principal 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.