



SCHOOL YEAR_____

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

Application Deadlines:

- **May 1, 2025** for all current 5th graders (*will be 6th graders in the 25-26 school year*)
- **May 12, 2025** for current EL-8 transfer students to **reapply** (those already enrolled in non-attendance area school)
- **July 31, 2025** for new EL-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

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: _____