



Forward Thinking, High Achieving.

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

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

### Application Deadline:

- **January 22, 2021**, for all current 8th graders (will be 9th graders in the 21-22 school year)

**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
- \* Graduation Credit Check Form (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:

**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: \_\_\_\_\_