

Office use only:
Date: _____
Time: _____

Billings Public Schools
Out of District Request to Enter on Tuition Basis
School Term 2019 to 2020
(Needs to be completed every year)

*Parent/Guardian complete form and submit to K-12 Executive Director's office. Copy with decision will be sent to the parent/guardian.

Student Information

Student Name: _____
First Name M.I. Last Name Suffix

Present Grade: _____ State ID: _____

Birth Date: _____ Turns 18 on: _____

District of Residence School: _____ BPS School Requested: _____

Student Address: _____
Street City State Zip

Current School Attending: _____ Desired Date of Transfer: _____

Parent/Guardian Information

Parent/Guardian Name: _____
First Name M.I. Last Name Suffix

Parent/Guardian Address: _____
Street City State Zip

Phone: _____ Secondary Phone: _____

Lives with student

Guardian

Parent/Guardian Name: _____
First Name M.I. Last Name Suffix

Parent/Guardian Address: _____
Street City State Zip

Phone: _____ Secondary Phone: _____

Lives with student

Guardian

