

Initial Request

Continuation

**Billings Public Schools  
Elementary School  
Student Out-of-Area Request**

For \_\_\_\_\_ School Year Only

For \_\_\_\_\_ Grade

**Request to be initiated through the home/current school administration.**

Name of Student: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Current School: \_\_\_\_\_

Home School: \_\_\_\_\_ Requested School: \_\_\_\_\_

My reason(s) for requesting this change in schools: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This procedure for student in-district transfers carries out School Board Policy 2050, "Entrance, Placement and Transfer." The Procedure 2050-P1 requires that "Students must attend the school designated for the area in which they live, except by permission of the Superintendent or his/her designee."

**Exceptions will be granted only when:**

1. The most suitable educational program is not available at the home school.
2. Medical or physical conditions cause the home school to be less appropriate.
3. The place of residence is changed in mid-year.
4. Both schools find the transfer to be best for the student.

**Procedures for the person making an in-district transfer request.**

1. Initiate the Student Out of Area Request at the home/current attendance school.
2. Secure the signature and recommendation of the home/current school Principal.
3. Secure the signature and recommendations from requested/receiving school Principal who may also comment and/or have stipulations for approval.
4. The requested/receiving school will send a copy of the finalized form to the parent, home/current school and the appropriate Executive Director.
5. If the two Principals differ in their response, the completed request form is sent to the appropriate Executive Director for a decision.
6. If the transfer request is denied, you may appeal by forwarding your request to the Superintendent who, after investigating the transfer request, will uphold or overturn previous actions and notify you of his/her action.

- 7. If again denied, you may appeal to the School Board. Inform the Superintendent of your intention. He/she will place the request on the next School Board agenda.
- 8. The action of the School Board on the student in-district transfer request is final.

**\*I have read and understand the above policy and procedures.**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**FOR SCHOOL USE ONLY:**

Recommendations:

Yes  No \_\_\_\_\_  
Home/Current School Principal      Date

Yes  No \_\_\_\_\_  
Requested School Principal      Date

\* \* \* \* \*

**Contingent upon the following:**

- 1. Class size is under accreditation standard.
- 2. Attendance – Tardy/Absenteeism
- 3. Behavior
- 4. Parent Cooperation
- 5. Transportation

**TO BE APPROVED ANNUALLY**

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No \_\_\_\_\_  
Executive Director      Date

Comments: \_\_\_\_\_  
\_\_\_\_\_

**APPEAL REQUESTED:**  Yes  No

By: \_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

Approved  Denied  \_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent  
Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approved  Denied  \_\_\_\_\_  
Date

\_\_\_\_\_  
School Board Chairperson  
Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_