

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

**For \_\_\_\_\_ School Year**

**Name of Student:** \_\_\_\_\_ **Present Grade:** \_\_\_\_\_

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

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

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

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

**My reason(s) for this request fall within the parameters of: (Check one)**

\_\_\_\_\_ **1. Medical or physical conditions cause the home school to be less appropriate. (Documented evidence from a physician, clinical counselor, court or school records required.)**

\_\_\_\_\_ **2. The place of resident is changed in mid-year. (Proof of residence required.)**

**My reason(s) for requesting this change in schools: (Additional information may be attached.)**

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This procedure for student out-of-area transfers carries out School Board Policy 2050. The policy 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. Medical or physical conditions cause the home school to be less appropriate. (Documented evidence from a physician, clinical counselor, court or school records required.)
2. The place of residence is changed in mid-year. (Proof of residence required.)

**PROCEDURES FOR MAKING AN OUT-OF-AREA TRANSFER REQUEST:**

**Students Currently Attending School District #2 Grades 7-8:**

1. The form requesting an out-of-area transfer must first be signed by the home school administrator, then by the receiving school principal.
2. The form is forwarded to an Executive Director for final approval.
3. An Executive Director confirms whether or not the transfer request has met the established criteria and notifies the requesting party by providing a copy of the request form.

**No out-of-area transfer requests will be approved unless the request meets the criteria of the existing exceptions.**

**A student may have only one transfer during his/her middle school career.**

**Approval of an out-of-area transfer request carries the following conditions:**

1. The parent/guardian must provide transportation for the student to and from school.
2. Attendance at an out-of-area school requires full observance of school rules and regular attendance.

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

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

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**FOR SCHOOL USE ONLY**

**Approved**

**Denied**

**Recommendations:**

**Yes**    **No**

\_\_\_\_\_  
**Home Principal**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Executive Director**

\_\_\_\_\_  
**Date**

**Yes**    **No**

\_\_\_\_\_  
**Receiving Principal**

\_\_\_\_\_  
**Date**

**Comments/Special Provisions:**

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