

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

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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: _____

