

# In-District High School Student Transfer Request

Form 3128F

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

Student Name: \_\_\_\_\_  
Last First

Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Academic year and semester applying for: \_\_\_\_\_

Current School student is attending: \_\_\_\_\_

Student Attendance Area: (Based on current address or new address if change of residence)

Bozeman High School \_\_\_\_\_ Gallatin High School \_\_\_\_\_

Physical Address: Mailing Address: \_\_\_\_\_

Parent//Guardian Name/s: \_\_\_\_\_  
Last First

Parent/Guardian Phone #s: \_\_\_\_\_

Student is requesting a transfer to: \_\_\_\_\_ High School.

Reason for request: Choose one of the reasons below for requesting this transfer.

\_\_\_\_ Legal/Safety                      \_\_\_\_ Health                      \_\_\_\_ Academic  
\_\_\_\_ Siblings                              \_\_\_\_ Children of Staff                      \_\_\_\_ Other

Include:

- 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.) Please include a letter from a medical or mental health professional documenting the history of qualifying condition.
- Current and previous progress report schedule or most current report card if not in high school yet
- Graduation Credit Check Form (if in 10<sup>th</sup>-12<sup>th</sup> grade). Available in the 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//Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent//Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form and information listed above to the principal of your student's attendance area school. (Dan Mills for Bozeman High School and Erica Schnee for Gallatin High School).

School District use below this line

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Committee Review: Comprised of BHS and GHS principals and Superintendent and Deputy Superintendents.

Transfer Request decision: Approved \_\_\_\_\_ Denied \_\_\_\_\_

If denied, reason for the denial: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Was parent/guardian and/or student interviewed: Yes \_\_\_\_\_ No \_\_\_\_\_

PowerSchool checked for parenting plan: Yes \_\_\_\_\_ No \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bozeman High School Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Gallatin High School Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Policy History:

Adopted on: 1/28/2019

Revised on: 10/19/2020, 1/07/2021, 10/19/2021