SCHOOL YEAR_____

In-District Transfer Request Form - Grades EL-8
Missoula County Public Schools

Application Deadlines:

- **May 1**, **2026** for all current 5th graders (*will be 6th graders in the 26-27 school year)*
- **May 11, 2026** for current EL-8 transfer students to **reapply** (those already enrolled in non-attendance area school)
- **July 30, 2026** for new EL-8 students to the District or new transfer request

Submit the form and completed documents to: Assistant Superintendent's Office, Missoula County Public Schools Administration Building A, 909 South Ave. West, Missoula, MT 59801.

Student Name:_____Current Grade:_____ Age:_____
(Last) (First)

Academic Year Applying For:_____ Semester Applying For: ☐ Semester 1 ☐ Semester 2

Current School Student is Attending:_____

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

Physical Address:_____
(Street Address Only) (City) (State) (Zip)

Parent/Guardian Name(s):_____/_____
(Last) (First) (Last) First)

Parent/Guardian Phone:_____(Home)_____(Cell)

Student is requesting a transfer to _____.

Reason for the Request: *(Choose one of the reasons below for requesting this transfer.)*

☐ Legal/Safety ☐ Health ☐ Academic
☐ Siblings ☐ Children of Staff ☐ Other

If other, please provide an explanation:_____

INCLUDE: (*Required*)

* 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.)
* Current and previous progress report schedule or most current report card

The undersigned parent/guardian and student verify that the information is accurate and all parties understand the following conditions will apply:

* Parent/Guardian is responsible for transporting student.
* Out-of-Area assignment will be for the current school year only, unless renewed.
* Enrollment in non-attendance area school will be contingent on: space available, regular attendance, sufficient academic effort, and compliance with behavior expectations. (This can be reviewed mid-year.)

Student Signature:_____ Date:_____

Parent Signature:_____ Date:_____

Parent Signature:_____ Date:_____

School District use below this line:

Transfer Request Decision: ☐ Approved ☐ Denied

If denied, reason for the denial:_____Date Reviewed:_____

Administrative Action:_____

Assistant Superintendent Signature:_____Date:_____