



In-District High School Student Transfer Request Form for Policy 3110-P(1)

Applicant Information

Student Name: Last First M.I. Date:

Physical Address: Street Address (New Address if Change of Residence) Apartment/Unit # City State ZIP Code

Mailing Address: Street Address (if different than physical address) Apartment/Unit # City State ZIP Code

Student's Current Attendance Zone* (Check one.) Flathead Glacier Current Grade: Age: Expected Graduation Year:

* Based on current address or new address if change of residence.

Parent/Guardian: Email

Phone

Transfer Information

Current School Attending School Year Applying For: Semester Applying For.:

Student is requesting to transfer to: Flathead High School Glacier High School

REQUEST FOR TRANSFER DUE TO CHANGE OF RESIDENCE: Complete this section if you are requesting to remain at your current school even though the new residence is within the attendance boundaries to the other high school.

Old Address: New Address:

Date of Move: Is student moving with a parent or legal guardian? Yes No

REQUEST FOR TRANSFER WITH NO CHANGE OF RESIDENCE: Complete applicable parts in this section if you are not changing residence but are requesting a transfer to the other high school for one of the reasons noted below

Part #1: Reason for request: Choose one of the reasons below for requesting this transfer. Both reasons A and B can be addressed if applicable.

Reason A- Mental or physical health (attach any documentation/recommendation provided by a health professional) Please provide reasoning for a mental or physical health accommodation that the new high school would provide:

Request for In-District Transfer - Reason A (from Page 1) and/or:

Reason B-Academic program offerings (must be for course offerings not offered at your current zoned high school) Please provide reasoning for academic course offerings not offered at student's current high school:

Part #2: Attach a letter from student and/or parent detailing explanation for the request or any other documentation supporting the transfer request that would assist the committee in making an appropriate decision.

Part #3: Attach the following documents to this Request Form: *

- Class schedule with current grades in all classes if a mid-year transfer is being requested
- Current schedule or most current report card if not in high school yet
- Check box if your child has an IEP

*This information can be obtained and printed via PowerSchool or found on our website at www.sd5.k12.mt.us

Student and Parent/Guardian Verification

The undersigned parent 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 Signature: _____ Date: _____

School District Use Only

Directed transfer by school administrator due to behavioral or safety issues.

High School Administrator Signature: _____ Date: _____

Administrative Committee Review Transfer Request Decision: Approved Denied

If denied, reason for the denial:

Did review include a Parent/Guardian and/or Student interview? Yes No

Notes:

Administrative Action:

- Flathead HS Principal Approved on ____/____/____
- Glacier HS Principal Approved on ____/____/____
- Superintendent Approved on ____/____/____