SCHOOL YEAR_____

In-District High School Transfer Request Form
Missoula County Public Schools

Application Deadlines:

- **December 9, 2025** for consideration of a change mid-year, at end of 1st Semester for current high school students
- **January 16, 2026,** for all current 8th graders (*will be 9th graders in the 26-27 school year*)
- **July 30, 2026**, for all other existing high school students and new students to the District

Submit the form and completed documents to: Assistant Superintendent's Office, Missoula County Public Schools

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*)

☐ Big Sky High School ☐ Hellgate High School ☐ Seeley-Swan High School ☐ Sentinel High School

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 _____High School.

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 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.)
* Current and previous progress report schedule or most current report card if not in high school yet
* Current transcript (if in 10th-12th grade). Available in High School Counselor Office.

The undersigned parent/guardian and student verify that the information is accurate, all parties understand the transfer policy and related policy implications such as Montana High School Association activity eligibility, and understand there will be no school transportation provided.

* 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:

Committee Review: Comprised of high school principals and Assistant Superintendent.

Transfer Request Decision: ☐ Approved ☐ Denied

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

Administrative Action:_____

Assistant Superintendent Signature:_____ Date:_____

High School Principal Signature:_____ Date:_____

High School Principal Signature:_____ Date:_____

Final appeals must be filed with the Superintendent - 909 South Ave. West, Missoula, MT 59801.