

Helena Flats School District #15

1000 Helena Flats Rd.

Kalispell, MT 59901

APPLICATION FOR NON-RESIDENT STUDENT ADMISSION

(Transfers are for one year only. A new application must be completed each year.)

- o Requesting New Transfer
- o Renewing Transfer Request

This student will be enrolling in grade _____.

I request that my child start school on (date) _____.

Please print all of the following information.

Student's Name: _____
(Last) (First) (Middle)

(Birth Date) (Home Phone) (Other Phone)

Home Address: _____

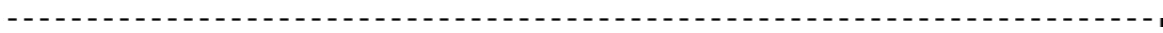
Name of parents/guardian/custodian: _____

Home Address: _____

School now/last attended: _____
(Name) (Grade) (District)

School Address: _____
(Street) (City) (State & Zip)

Name of school principal: _____ Phone Number: _____



It is the policy of the Helena Flats School District not to discriminate on the basis of race, color, religion, gender, national origin, age, limited English proficiency, or handicapping condition in the programs or employment policies.

Name of Student: _____

Reason for transfer request: _____

I have read the Non-Resident Student Admission Policy and request that _____
Be admitted as a student at Helena Flats School. I hereby certify that I understand and accept the conditions and limitations under which this admission is granted. I am aware that failure to provide complete and accurate information requested by the school is grounds for the exclusion or dismissal of my child from school and/or jeopardizes acceptance the following year, if applicable. I understand that it is my responsibility to have the prior school release my child's records to Helena Flats and that this will be done immediately upon the granting of admission. I also understand that this application must be completed prior to the beginning of each school year.

Date

Signature of Parent, Legal Guardian or Custodian

Signature of Parent, Legal Guardian or Custodian

I hereby recommend that this application be Approved / Denied.

Date

Administrator's Signature

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