Rcvd:_____

REQUEST FOR ADMISSION TO COLSTRIP SCHOOLS

OUT-OF-DISTRICT STUDENT APPLICATION

Enrollment deadline:**1st Friday in March** School Year **2026-2027 SY**

Parent/Guardian must provide: current and historical grades (transcripts) and results of standardized test scores (i.e. MAP, CRT, MAST, etc.) from the previous school, a copy of the student's immunization record, a copy of the student's birth certificate, attendance record, and behavior record from the last school attended for at least a period for (1) year is required for ALL students.

DATE OF APPLICATION_____

NAME:_____GRADE:_____

PARENT/GUARDIAN:_____TELEPHONE:_____

ADDRESS:_____/_____/_____/_____/_____
PO Box Street (must have physical address) City State Zip

Email:_____

School District in which you reside:_____

Have you previously attended Colstrip Schools? _____

What school did you last attend? _____

What grade did you last complete?_____Date this grade was completed:_____Where?_____

Have you ever been suspended or expelled from school? _____ For what offense?_____

Have you ever been truant from school? _____

Do you have the necessary personal transportation options for getting to and from school?_____

Have you ever been convicted of a crime, spent time in jail or on probation?_____ For what offense?_____

How long do you plan to attend school in the Colstrip School District? _____

(Signatures required)

I hereby declare that the responses given on this application are true to the best of my ability and understand that I may be asked to supply documented proof to support my answers. I also give Colstrip's school administration permission to contact the previous school(s) for clarification of: records of attendance, discipline, academic progress, and residency. I understand that the district reserves the right to revoke my admission if information contrary to that supplied herein is discovered.

_____

Parent/Guardian signature date

Applications received late or missing documentation WILL NOT be considered.

BOARD POLICY 3141: Every nonresident student who seeks to enroll in the District shall apply for admission for the succeeding school year by the 1st Friday in March. All applications shall be submitted using the form found at Policy 3141F as developed by the Superintendent of Public Instruction. For planning purposes, late applications shall not be considered. Nonresident students shall reapply for admission each school year. Admission in one school year does not infer or guarantee admission in subsequent years. Each application shall be assigned a unique number distinct from a student identification number that does not disclose a student's personally identifiable information consistent with Policy 3600. Within 10 days of the initial application for an attendance, the District shall notify the parent or guardian of the child and district of residence involved in the out-of-district attendance agreement of application the anticipated date for approval or disapproval of the agreement application by the Board of Trustees.

Record of decision regarding application:

Application received in full on _____

- ☐ Birth certificate
- ☐ Immunization record
- ☐ Historical grades (Transcript) and current Report card
- ☐ Standardized Test Scores
- ☐ Attendance record
- ☐ Behavior record

Admission to Colstrip schools is (_____approved) (_____denied) _____
Superintendent's signature date

Appeal requested to the County Superintendent_____
date

Appeal heard by County Superintendent on _____.

Appeal to Co. Superintendent was (_____approved) (_____denied).
Date

This original form and all requested information must be returned to:

Colstrip School District No. 19
Attn: Executive Secretary
P.O. Box 159
Colstrip, MT 59323

Revised: 2/10/2025