



930 Colorado Avenue, Montrose, Colorado 81401MAILING  
PO Box 10,000, Montrose, Colorado 81402BILLING  
970.249.7726PHONE 970.249.7173FAX www.MCSD.orgWEB

## OUT OF DISTRICT OPEN ENROLLMENT REQUEST

(Colorado Students who do not reside within the MCS D Boundaries)

### 2023-2024 School Year

NOTE: Transportation is not guaranteed

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
(mobile) (other)

**Transfer Request for Student Name** (complete a separate form for each school)

**2023-24 Grade**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Boundary School: \_\_\_\_\_

School requesting transfer to: 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

School Student(s) attended in 2022-23: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Completed Copy to District Office	Principal Receiving School
Date:	Request granted: <input type="checkbox"/>
	Request denied: <input type="checkbox"/>
	Signature/Date: