



930 Colorado Avenue, Montrose, Colorado 81401^{MAILING}

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OUT OF DISTRICT OPEN ENROLLMENT REQUEST

(Colorado Students who do not reside within the MCSD Boundaries)

2025-2026 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)

2024-25 Grade

_____	_____
_____	_____
_____	_____

Your Boundary School: _____

School requesting transfer to: 1st Choice _____

2nd Choice _____

School Student(s) attended in 2024-25: _____

Reason for Request: _____

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