



Pryor Public School 2 & 3
P.O. BOX 229
Pryor, MT 59066
H.S. Phone 406-259-7329 FAX 406-245-8938
ELEM Phone 406-259-8011 FAX 406-518-7071

Out of District Agreement

* Applies only if you transferred from another School District in or out of State*

I _____ will abide by the following provisions and have truthfully informed the district of my record from my previous school.

- 1 I will maintain passing grades in all subjects.
- 2 I will read and will follow the attendance and out- of- district policie as outlined in the school p
- 3 I will follow all classroom and school rules and regulations regarding student behavior and disci
- 4 I will be responsible for my own transportation to and from school or the nearest existing scho
- 5 I have truthfully informed the district of my :

- _____ Discipline record
- _____ Attendance record
- _____ Probation Status
- _____ Recent or Pending legal actions

Failure to meet any of the above requirements or providing inaccurate information may terminate the privilege c
Attending Pryor Public Schools.

Student's Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Principal or Superintendent Signaure _____

Date _____