



MODESTO CITY SCHOOLS
 426 Locust St., Modesto, CA 95351-2699
 PH # 574-1595 ext. 41595 Fax # 574-1549 ext. 41549

Intra-district Deadline:
 February 24, 2017

INTRA (Within MCS) / INTER (Out of District)
SCHOOL YEAR 2017 - 2018

STUDENT NAME _____ D.O.B. _____ GRADE (17/18) _____ I.D.# _____ M or F

REQUESTING TO ATTEND _____ INSTEAD OF _____

SCHOOL CURRENTLY ATTENDING _____

IS YOUR CHILD RECEIVING SPECIAL EDUCATION SERVICES? YES _____ NO _____

IS YOUR CHILD CURRENTLY ON AN INTRA/INTER DISTRICT PERMIT AT THE REQUESTED SCHOOL? YES _____ NO _____

PARENT/ GUARDIAN (Please Print) _____

DATE _____

SIGNATURE _____

PHONE (H) _____

ADDRESS _____
Street City/State Zip

(W) _____

REASON FOR INTRA/INTER DISTRICT REQUEST:

DAY CARE (K-8 ONLY) PROOF OF EMPLOYMENT REQUIRED - SEE BACK OF FORM

Employment (Inter-district Only)

Change of Residence (Currently Enrolled at Requested School)

Student Welfare (Provide Explanation on Back of Form)

Sibling (Currently Enrolled at Requested School) Sibling I.D. # _____

Program Offering - List Program Not Offered at School of Residence: _____

Program Offering is recommended selection for grades 9-12 when sibling or change of residence does not apply.

Continued enrollment is subject to space availability. Should overcrowding exist, your student may be transferred within the first 20 days of enrollment (B.P. 6151.2). INTER-DISTRICT PERMITS MUST BE APPLIED FOR YEARLY (B.P. 5117).

Revocation of Permit/Transportation: Intra/Inter-district permits may be revoked at any time that a student does not maintain acceptable standards of attendance, academic achievement and/or behavior. I understand that student transportation is the responsibility of the parent. **Initial here**

DISPOSITION OF SCHOOL OF RESIDENCE:

INTRA DEADLINE FEBRUARY 24, 2017

APPROVED DENIED PERMIT (State Reason on Back of Form)

DATE

PRINCIPAL/ASSISTANT PRINCIPAL SIGNATURE

SCHOOL OF RESIDENCE

DISPOSITION OF REQUESTED SCHOOL:

APPROVED DENIED PERMIT (State Reason on Back of Form)

DATE

PRINCIPAL/ASSISTANT PRINCIPAL SIGNATURE

SCHOOL OF ATTENDANCE

DISPOSITION OF DIRECTOR, CWA:

APPROVED DENIED PERMIT

Reason

Ed Miller, Director

CHILD WELFARE AND ATTENDANCE

Date

Signature

VERIFICATION PROVIDED BY:

Written Recommendation/Document (Attach Copy)

Verbal Substantiation by _____ Of _____

Child Care Provided By _____

Address _____ **Phone** _____

Applicant's Employer _____ **Phone** _____

Parent Signature

IF THE REASON FOR REQUEST IS DAY CARE OR EMPLOYMENT PLEASE PROVIDE PROOF OF EMPLOYMENT FOR EACH PARENT LIVING IN THE HOME.

ex: CHECK STUB, LETTER FROM EMPLOYER, BUSINESS LICENSE, CLASS SCHEDULE OR CONTRACT.

ADMINISTRATOR'S INPUT DOCUMENT

PARENT STATEMENT

(Attach Additional Pages if Necessary)

Students in grades 9-12, should select a program of instruction not offered at school of residence.

No statement is necessary for sibling or change of residence.