



# SCHOOL YEAR 2020-2021

Intradistrict Deadline:  
February 14, 2020

## REQUEST FOR INTRA (within MCS) INTER (outside MCS) DISTRICT AGREEMENT

426 LOCUST ST. MODESTO, CA 95351 PH: (209) 574-1595 FX: (209) 574-1549

NEW Student     Continue Current Placement

★ Is the student enrolled in a Special Education Program (Has an IEP)? YES  NO

- Resource Specialist (RSP)
- Special Day Class (SDC)
- Pending Assessment Services
- Other Services (Speech/Language/504) Specify: \_\_\_\_\_

Print Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade (20-21) \_\_\_\_\_ ID # \_\_\_\_\_ M or F  
Gender

SCHOOL you are requesting your child attend \_\_\_\_\_ SCHOOL of residence \_\_\_\_\_

SCHOOL your child is currently attending or last attended \_\_\_\_\_

Reason for request: \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

Address (Street and Apt #) \_\_\_\_\_ City \_\_\_\_\_ CA State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Number \_\_\_\_\_ Work/Alternative Number \_\_\_\_\_

I understand that this permit may be revoked if the student does not attend school regularly on a timely basis, maintain good citizenship/behavior, maintain passing grades, and make satisfactory progress towards promotion. I understand that student transportation is the responsibility of the parent/guardian. Continued enrollment is subject to space availability. Should overcrowding exist, your student may be transferred within the first 20 days of school (B.P. 6151.2).

Parent/Guardian Signature X \_\_\_\_\_ Date: \_\_\_\_\_

### NEW STUDENTS ONLY

**APPROVAL IS BASED ON SPACE AVAILABILITY. TRANSPORTATION IS TO BE PROVIDED BY PARENT/GUARDIAN.**

Priority reason for request (Level 1 or Level 2 requests need to be complete or student will be placed in Level 3).

- Level 1  Sibling attends requested school.  
Print sibling name: \_\_\_\_\_ Grade: \_\_\_\_\_ MCS ID# \_\_\_\_\_
- Level 2  Parent/guardian is a Modesto City Schools' employee at requested school.
- Level 3  **NEW** (Student will be placed in an unbiased random draw process based on school, grade, and priority level.)

### FOR OFFICE USE ONLY

APPROVED     DENIED

Requested School Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Reason for Denial: \_\_\_\_\_

If approved, is space available in Special Education Program?  YES     NO (Attach email from SPED)     N/A

APPROVED     DENIED

Senior Director, Child Welfare and Attendance Signature \_\_\_\_\_ Date \_\_\_\_\_

CWA Notes: \_\_\_\_\_