



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 # _____ Gender M F

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 _____ State CA 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: _____