



Merced Union High School District 2015-16 SCREENING APPLICATION for TRANSFER

Current School _____ Requested School _____ Date _____

Perm ID#: _____ Last: _____ First: _____ Gr: _____
 Address: _____ City: _____ Zip: _____
 Hm Ph: _____ Wk: _____ Cell/Em: _____ Cr Attempted: _____ Cr Comp: _____
 E/C: _____ D.O.B.: _____ Age: **(YHS 16, MAS 17 & 11 months)** _____

Special Ed (IEP attached)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Voluntary Transfer	Yes <input type="checkbox"/> No <input type="checkbox"/>
504 Plan (attached)	Yes <input type="checkbox"/> No <input type="checkbox"/>	New to District	Yes <input type="checkbox"/> No <input type="checkbox"/>
Limited English	Yes <input type="checkbox"/> No <input type="checkbox"/> Level _____	Proof of Residency Verified	Yes <input type="checkbox"/> No <input type="checkbox"/>
		School of Residence	_____

Confirm	The following should be reviewed with parent.
	This screening request has been discussed with parent during personal conference or phone conference.
	Parent understands that, if they initiate this request, they have the option to return to campus at the beginning of the following semester.
	Students who have voluntarily transferred to a continuation high school and desire to graduate from a comprehensive school must request to be screened back in May/December. Senior level courses (Eng 4, Gov, Econ) shall be taken in the 12 th grade.
	Should this request be denied, the parent/guardian has been informed they may appeal the decision by contacting 385-6514 to schedule an appeal hearing with the Director of Child Welfare, Attendance and Safety, Lori Mollart.

Suggested courses and credits needed (minimum of 7 Periods)

Course	Credits	Course	Credits	Course	Credits
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reason/Rationale for Requesting Transfer

Cite Evidence of Support and Intervention Provided at Current Campus

Signatures Below Indicate Approval for Submission of Transfer Request

Parent _____ Student _____
 Counselor _____ Guidance AP _____
 Date meeting was held and parent approval of transfer request: _____

Status of Request Approved Denied Panel Member: _____ Date: _____

The following are required for transfer to Valley and Merced Adult School:

Demo Transcript Current grades ABI grades (%) Attendance Discipline Test info Immunization IEP 504 Medical