

Slover Mountain High School Voluntary Transfer Request

Student Name	ID	GRD	DOB
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Home Phone #	Alternate #	Counselor
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Referral School <input type="checkbox"/> BHS <input type="checkbox"/> CHS <input type="checkbox"/> GTHS	Counselors: Please check the CUM file for intervention history or any other pertinent information. <input type="checkbox"/> CUM File Checked (date checked: _____)
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Program Information (check all that apply)		R _____ W _____ L _____ S _____
<input type="checkbox"/> GATE <input type="checkbox"/> SART <input type="checkbox"/> 504 <input type="checkbox"/> RSP Date of Change of Placement IEP _____	<input type="checkbox"/> EL Level _____	
<input type="checkbox"/> SST: Date _____		

ACADEMIC SUMMARY	
Credits Earned: _____ Credits needed for COMPREHENSIVE diploma: _____	Check All Diploma Requirements Completed: <input type="checkbox"/> Algebra I <input type="checkbox"/> CAHSEE English Score: _____ <input type="checkbox"/> CAHSEE Math Score: _____
Student Plans (check ONLY one): <input type="checkbox"/> Return to my home school next year <input type="checkbox"/> Transfer & graduate from Slover	

COUNSELOR COMMENTS or RECOMMENDATIONS	
Please attach the following: From Profile area <input type="checkbox"/> Home info <input type="checkbox"/> Contacts <input type="checkbox"/> Programs <input type="checkbox"/> Behavior-Contract Date _____ <input type="checkbox"/> Attendance by reason From Academic History <input type="checkbox"/> Transcript w CST scores Other <input type="checkbox"/> Student Essay	<input type="checkbox"/> Social/Emotional _____ _____ _____ _____ <input type="checkbox"/> Other Interventions: _____ _____ _____ _____

SIGNATURES I understand that this is a voluntary transfer request to the high school continuation program at Slover Mountain High School.					
_____	_____	_____	_____	_____	_____
Student Signature	Date	Parent Signature	Date	Counselor Signature	Date

OFFICIAL USE ONLY	
<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> DENIED – Reason: _____
_____ Approval Signature	

