

## Victor Valley Union High School District

## VOLUNTARY TRANSFER



## ALTERNATIVE EDUCATION APPLICATION

		_ CIMS HJH nitiated Adult Stud						
		nust be completed b						
TUDENT INFO		nust be completed o	y bom stage.	in and par	CIII guar	uiaii (uinco.	student is 10,	
			Data of	Dinth,			A 00.	
		Date of Birth:				_		
Parent/Guardian:								
Address:		· ·				_		
Student #:	G	rade (Based on Yea	ars in High	School)	T	otal Credit	s:	
requesting a transfe	r to GEC must be	No If yes approved prior to some seat time program	cheduling a		_ `			
REFERRING SCI	HOOL INFORM	IATION:			СН	ECKLIST OF	NECESSARY	
RECOMMENDED PROGRAM:					DOCUMENTS:			
Seat Time (age 16 or older only) Independent Study					Transcript			
Reason (s) for recommendation:					Discipline Record			
						_ Attendance		
							uests (Page 2)	
						_ IEP Paperw	ork (SpEd)	
Previous Interven	tions:							
Referring Administrat	or/Counselor (Print)	Signature			_	Date		
For office Use Only:	Goodwill	SpEd Rev	iewed by:			Date	:	
Action Taken : A	pproved Denied	Reason:						

awareness this application does not grant automatic enrollment, as well as, enrollment at GEC is limited and that continued enrollment is contingent upon academic, attendance, and behavioral performance. Both student AND parent/guardian must complete both sections (unless student is 18 years old). If a student is 18 years old, the parent/guardian section does NOT need to be completed.									
As a student, what efforts will you make to ensure that you are successful at GEC?									
Student Name (Print)	Signature	Date							
As parent/guardian how will you s	upport your student in being succes	sful academically as well as behaviorally?							
Parent/Guardian Name (Print)	Signature	Date							

As a part of the application process, please write a statement explaining why you are requesting a transfer to Goodwill Education Center. Your signature certifies the understanding this is an application and your