



Victor Valley Union High School District
VOLUNTARY TRANSFER
ALTERNATIVE EDUCATION APPLICATION



REFERRED FROM: ___ AHS ___ CIMS ___ HJH ___ LLA ___ LMS ___ SHS ___ UP ___ VVHS ___ Other

PROGRAM INTEREST: ___ Seat Time (16yrs or older) ___ Independent Study ___ Virtual

STUDENT INFORMATION:

Name: _____ **Date of Birth:** _____ **Age:** _____

Parent/Guardian: _____ **Phone Number:** _____

Address: _____ **City:** _____ **Zip:** _____

Parent Email Address: _____

Student ID#: _____ **Grade (Based on Years in High School)** _____ **Total Credits:** _____

Special Education Student: ___ YES ___ NO **If yes, Program Code** _____ (NOTE: Special Education Students requesting a transfer to GEC must be approved prior to scheduling a change of placement I.E.P meeting. CC: Krystal Kerns (Sped District Coordinator) when submitting application to GEC. (VVVA cannot support SPED Students).

English Learner Student: ___ YES ___ NO
(VVVA cannot support ELD Students)

REFERRING SCHOOL INFORMATION:

Reason (s) for recommendation:

CHECKLIST OF NECESSARY DOCUMENTS:

<input type="checkbox"/>	Transcript
<input type="checkbox"/>	Discipline Record
<input type="checkbox"/>	Attendance Record
<input type="checkbox"/>	Written Requests (Page 2)
<input type="checkbox"/>	IEP Paperwork (SpEd)

Previous Interventions:

Referring Administrator/Counselor (Print) _____

Signature _____

Date _____

For office Use Only: Seat Time Independent Study Virtual SPED Teacher: _____

Action Taken: Approved Denied Reason: _____

Placement Action: Enrolled Waitlist NO Show 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 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 support your student in being successful academically as well as behaviorally?

Parent/Guardian Name (Print)

Signature

Date