



MODESTO CITY SCHOOLS

Educational Services

426 Locust Street, Modesto, California 95351-2699

(209) 550-3300 x 5037 • (209) 569-2764 fax • www.monet.k12.ca.us

Specific programs of instruction approved to be applicable under the intra-district policy:

7-8 Schools

<u>Hanshaw</u>	AVID
<u>LaLoma</u>	AVID
<u>Mark Twain</u>	AVID
<u>Roosevelt</u>	Language Institute Spanish I Spanish for Spanish Speakers III

9-12 Schools

Beyer

Auto Technology **
Business Entrepreneurship
Construction: Wood/Metal
Dance Production *
Drafting (CAD)
Drama/Theater
French *
German I-IV
Plant and Animal Science
Robotics
Small Engine Repair
Advanced Path Academy

Davis

Auto Technology
Agricultural Technology
Construction/Wood & Metal *
Dance Production *
French *
Health Careers Academy
Language Institute
Orchestra
Public Safety Academy

continued

Specific Programs of Instruction, 7-12

Downey

Ag. Mechanics
AVID
Choir
Culinary Arts
Dance Production
Drama/Theater
Graphic Communications
Multi-Media
Orchestra

Enochs

Ag Mechanics
Forensics/Biotech Science
Graphic Design
Pre-Vet Science
Orchestra

Gregori

Digital Media and Business Academy
Global Studies Academy; Environment, Languages, Math, and Science
School of Career Technology; Agriculture, Transportation, and Health
School of Visual and Performing Arts

Johansen

Agribusiness
Choir
Creative Communications
Education/Child Development
HELPS (House of Education, Law, and Public Service)
Industrial Technology and Engineering Academy
MARCH (Medical, Athletic, Recreation, and Community Health)
Multi-Media

Modesto

Ag Mechanics
Auto Technology
AVID
Choir
Electronics
International Baccalaureate
MHETT – Theatrical Arts
Orchestra

* Gregori students only.

** Downey and Johansen students only.



MODESTO CITY SCHOOLS
INTRA (WITHIN MCS)/INTER (Out of District)
426 Locust St., Modesto, CA 95351-2699
PH # 576-4002 Fax # 576-4908
One permit per student

SCHOOL YEAR 2011 -- 2012

STUDENT NAME _____ Birth Date _____ Grade _____ I.D. # _____

REQUESTING TO ATTEND _____ INSTEAD OF _____

IS YOUR CHILD RECEIVING SPECIAL EDUCATION SERVICES? YES _____ NO _____

IS YOUR CHILD CURRENTLY ON AN INTRA/INTER DISTRICT PERMIT AT THE REQUESTED SCHOOL? YES _____ NO _____

REASON FOR REQUEST: _____

PARENT/ GUARDIAN (Please Print) _____ DATE _____

SIGNATURE _____

ADDRESS _____ PHONE (H) _____

CITY/ST/ZIP _____ (W) _____

IMPORTANT NOTE! - I understand that Modesto City Schools is not responsible for the transportation of my student to/from school under the terms of this permit. Initial here

Continued enrollment is subject to space availability. Should over crowding exist, your student may be transferred within the first 20 days of enrollment. B.P. 6151.2

Revocation of Permit: Failing grades or poor attendance/behavior may result in transferring your student to an alternative MCS school site. PERMITS MUST BE APPLIED FOR YEARLY. B. P. 5117

COMPLETE FORM TO DOUBLE LINES ONLY- ONE PERMIT PER STUDENT (SEE BACK OF FORM)

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DISPOSITION OF SCHOOL OF RESIDENCE:

[] REQUEST COMPLIES WITH ESTABLISHED CRITERIA

[] REQUEST DOES NOT COMPLY WITH ESTABLISHED CRITERIA

 DATE PRINCIPAL/ASSISTANT PRINCIPAL SIGNATURE SCHOOL OF RESIDENCE

DISPOSITION OF REQUESTED SCHOOL:

[] CONCUR WITH SCHOOL OF RESIDENCE

[] DOES NOT CONCUR WITH SCHOOL OF RESIDENCE

 DATE PRINCIPAL/ASSISTANT PRINCIPAL SIGNATURE SCHOOL OF ATTENDANCE

DISPOSITION OF DIRECTOR, CHILD WELFARE AND ATTENDANCE:

GRANTED

NOT GRANTED

For the school year 2011 – 2012 ONLY

Reason _____

Ed Miller, Director

CHILD WELFARE AND ATTENDANCE

Date _____

Signature _____

Administrator's Input Document must be completed on the back of this page whether approved or denied

DISPOSITION OF SCHOOL OF RESIDENCE:

- REQUEST COMPLIES WITH ESTABLISHED CRITERIA IN FOLLOWING AREA (S):
- DAY CARE (K through 8 ONLY) PROOF OF EMPLOYMENT REQUIRED)**
- Employment (K-8 only,continuing) Student Welfare
- Boundary Change Continuing Student (only Grades 6th, 8th, 11th, and 12th)
- Change of Residence Program Offering

VERIFICATION PROVIDED BY:

- Written Recommendation/Document (attach copy)
- Verbal Substantiation by _____ Of _____
- Other, specify _____

Child Care Provided By _____

Address _____ **Phone** _____

Applicant's Employer _____ **Phone** _____

Parent Signature

PLEASE PROVIDE PROOF OF EMPLOYMENT (Moms) FOR DAY CARE and EMPLOYMENT(Dad or Moms)
(ex: CHECK STUB, LETTER FROM EMPLOYER, BUSINESS LICENSE, CLASS SCHEDULE OR CONTRACT.

ADMINISTRATOR'S INPUT DOCUMENT