Transfer Application

James Logan High School to Conley-Caraballo High School

Name: _____ I.D. #:_____ Completed Form Due: _____

Application Directions

Please READ the directions carefully

1.) When requesting a transfer to CCHS the application process involves several steps.

A. Contact your Counselor in order to request a transfer and obtain the Transfer Application.
B. Complete the Transfer Application correctly and thoroughly by deadline.
   This consists of the Application Direction and Checklist, Authorization form and Emergency Form.
C. Any Transfer Applications received after the deadline will have to wait until the following quarter.
D. Return completed documents to your Counselor.
E. Attend an intake meeting with the CCHS Administrator.
   a. *CCHS will call you to set up this intake meeting to which parent/guardian and student must attend*.
F. Student's Transfer Application is considered by CCHS Administrator.
G. If Transfer Application is approved: Student must "Check Out" from current school. This involves getting final grades, returning all books/Chromebook, clearing bills, etc.
H. Student attends Orientation Day at CCHS, picks up class schedule and begins school at CCHS at the start of the quarter.

Note: Before returning the application to your counselor, please make sure all forms are completed thoroughly. An incomplete form will only delay the process.

2.) Please be sure to obtain all the necessary signatures and dates.

3.) Please make sure to complete the Emergency Contact Form with the most current contact information. This will help CCHS staff to schedule your intake meeting.

4.) Student and parent/guardian are required to attend the intake meeting with the CCHS Administrator. If you fail to attend your intake meeting your application may be cancelled or denied

James Logan High School Check List

☐ Transfer Form Completed

☐ Emergency Form Completed

☐ 504 Plan, if applicable

☐ Most current IEP, if applicable ***(A Change of Placement IEP MUST BE HELD prior to attending CCHS)***

Forms Received by JLHS: _____ Packet Sent to CCHS: _____

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Authorization Form

Name: _____ I.D. #:_____ Grade Level: _____

Date of Birth: _____ Age: 16 17 18
Circle One

504 Plan? **YES NO** *Circle One* **Special Ed?** **YES NO** *Circle One* **RSP?** **YES NO** *Circle One*

NOTE: SDC services are NOT available at CCHS. SDC students do NOT qualify to transfer.

Reason(s) for transferring:

☐ I need a smaller environment to be able to focus on school

☐ I need a smaller environment to focus and raise my G.P.A.

☐ Health Issues

☐ I am behind on credits

☐ I need to work to help my family

☐ Peer interaction concern

☐ Other reason: _____

_____

Parent: _____ _____
Print *Date* *Signature* *Date*

Student: _____ _____
Print *Date* *Signature* *Date*

Counselor: _____ _____
Print *Date* *Signature* *Date*

Principal: _____ _____
Print *Date* *Signature* *Date*

If student is Special Ed.: Change of Placement IEP Date: _____

School Psychologist Name: _____ Date: _____

School Psychologist Signature: _____

NOTE: If student has an IEP, Fax or E-Mail this page to the Director of Special Ed at the ESC.
SIGNED IEP MUST BE ATTACHED TO TRANSFER APPLICATION.

Student Name:	**Student ID:**	**DOB:**

The following information is needed in the event your child becomes ill or injured while at school or in case of an impending or actual disaster and you cannot be reached. It is understood that the instructions given on this form will remain in force until revoked by a parent or guardian.

Parent/Guardian Relation to student:_____ ☐ Primary Contact Contact Regarding: ☐ Report Card ☐ Attendance ☐ Behavior	Name:	Employer
	Address:	Occupation/Dept:
	City/St/Zip:	City/St/Zip:
	Landline: ↑ Primary	Work Phone: ↑ Primary
	Cell: ↑ Primary	Extension:
	Email:	Preferred Language:
Parent/Guardian Relation to student:_____ ☐ Primary Contact Contact Regarding: ☐ Report Card ☐ Attendance ☐ Behavior	Name:	Employer
	Address:	Occupation/Dept:
	City/St/Zip:	City/St/Zip:
	Landline: ↑ Primary	Work Phone: ↑ Primary
	Cell: ↑ Primary	Extension:
	Email:	Preferred Language:
Contact 1 Relation to student:_____	Name:	Employer
	Address:	Occupation/Dept:
	City/St/Zip:	City/St/Zip:
	Landline: ↑ Primary	Work Phone: ↑ Primary
	Cell: ↑ Primary	Extension:
	Email:	Preferred Language:
Contact 2 Relation to student:_____	Name:	Employer
	Address:	Occupation/Dept:
	City/St/Zip:	City/St/Zip:
	Landline: ↑ Primary	Work Phone: ↑ Primary
	Cell: ↑ Primary	Extension:
	Email:	Preferred Language:
Contact 3 Relation to student:_____	Name:	Employer
	Address:	Occupation/Dept:
	City/St/Zip:	City/St/Zip:
	Landline: ↑ Primary	Work Phone: ↑ Primary
	Cell: ↑ Primary	Extension:
	Email:	Preferred Language:

Where is your child/family currently living? (*This information will be used to determine if your child qualifies for any additional assistance under the "No Child Left Behind Act of 2001.")* Check **one** box only

□ In a single family residence

□ In a motel, car or campsite

□ With more than one family in a house or apartment due to economic hardship

□ With more than one family in a house or apartment not due to economic hardship

□ In a shelter or transitional housing program

□ In a foster care placement or group home

↑

□ Living with relatives/child has a child welfare worker

Please complete all blank areas on this Medical form and Emergency form.
Please indicate the primary contact on Emergency Form.

Dear Parent/Guardian:
The following information is needed for use in the event that your child becomes ill or injured while at school or in case of an impending or actual disaster and you cannot be reached. It is understood that the instructions given on this card will remain in force until revoked by a parent or guardian. In case of a minor injury, first aid will be administered. Indicate the action you want the school to take if the injury or illness is of a serious nature:

Hospital Preference:_____

Allergies: (Food, medication, insect bites, etc.)	Reaction to said allergies:
Special Health Considerations: (Include regular medications and time administered)	
Parent/Guardian Signature:	**Date:**