



MT. DIABLO UNIFIED SCHOOL DISTRICT
OLYMPIC HIGH SCHOOL REFERRAL FORM
INVOLUNTARY TRANSFER

Distribution from Alt. Ed.
White-Olympic/cum
Canary-Director, Alt. Ed
Pink - Originator

Student Number: \_\_\_\_\_

Principal's Conference Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School Now Attends \_\_\_\_\_ Grade \_\_\_\_\_

Student's Address: No. Street Apt No. City Zip Phone No.

Parent's/Legal Guardian Name (s): \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent's/Legal Guardian Address (if different) \_\_\_\_\_ Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

REASON FOR REFFERAL: Please check A and/or B

- A. The student committed an act enumerated in Education Code 48900
B. Student truant. SARB Hearing Date: SARB Notified
Comments

NOTE: All credits earned in the alternative programs will be accepted upon transfer to home school. (Ed. Code 51225.3)

If student has been enrolled in other program (s), check the appropriate program (s): N/A

- Special Education GATE Foster Child Home & Hospital ELD/ESL 504 Plan CIS
Olympic High Adult Education County Day Diablo Community Day SARB

- Probation: Yes No Name of Probation Officer:
Parent accepts responsibility for transportation
Satisfactory progress is expected. Failure to do so will result in consideration of other educational alternatives.

I have included the following:

- Referral Form Career Folder Cumulative Folder
Health Record Card/ Test Scores Card Transcript of Grades
Immunization Records Current Report Card Current Schedule/Attendance Record
Discipline Record

Within five (5) calendar days of receipt of this principal's request for transfer and all supporting documentation, the Director of Alternative Education shall notify the parent/guardian that a request for transfer has been made and inform them of their right to request a meeting with the Alternative Education Transfer Panel regarding this referral. The parent or guardian must request this meeting within five (5) calendar days of the notice of right to request a meeting.

Signature of Administrator: School of Residence

Print Name of Administrator

- Hearing Requested Date Requested:
Hearing Date:
Approved Denied

Signature of Director, Student Services

Appeal to Assistant Superintendent Date: Approved Denied Date:

Signature of Assistant Superintendent