

REQUEST FOR INVOLUNTARY TRANSFER TO CONTINUATION HIGH SCHOOL

INSTRUCTIONS: This form is to be filed with the Pupil Placement Committee (PPC). Statements of witnesses, memorandums, and other pertinent documents shall be attached.

Student Name: D.O.B.: Student #: Parent/Guardian Name: Phone (H): Phone (W):

VIOLATION OF: [] Education Code 48900 [] Truancy

Description of Violation: Reported By: Witnesses:

(Statements of Witnesses should be taken and attached as soon as possible.)

INTERVIEW WITH STUDENT:

Date: Time: Place: Person(s) Present:

(Attach memorandum of this interview)

IMMEDIATE ACTION TAKEN:

Suspension: [] By Principal Date: Time: [] By Teacher Date: Time:

Notification of parents and requests to attend conference: [] By Telephone Date: Date: [] By Letter Date: Date:

STAFF/PARENT CONFERENCE:

Date: Present at Conference:

(Attach memorandum of this conference)

I recommend transfer of _____ to S.E.L.F. Alternative High School.

Principal Date

PUPIL PLACEMENT COMMITTEE RECOMMENDATION: [] Request Approved [] Request Denied PPC Chairperson Date