



SCHOOL YEAR 2025-2026

Intradistrict Deadline:
February 14, 2025

REQUEST FOR INTRA (within MCS) INTER (outside MCS) DISTRICT AGREEMENT

1581 CUMMINS DR., STE. B MODESTO, CA 95358 PH: (209) 574-1595 FAX: (209) 574-1549 E-Mail: IDT@monet.k12.ca.us

☐ New Student ☐ Continue Current Placement

★ Is the student enrolled in a Special Education Program (Has an IEP)? YES ☐ NO ☐

☐ Resource Specialist (RSP)

☐ Special Day Class (SDC)

☐ Pending Assessment Services

☐ Other Services (Speech/Language/504) Specify: _____

Print Student Name _____ D.O.B. _____ Grade (25-26) _____ ID # _____ M F X
Gender

SCHOOL you are requesting your child attend _____

SCHOOL of residence _____

SCHOOL your child is currently attending or last attended _____

Reason for request: _____

Print Parent/Guardian Name _____

Address (Street and Apt #) _____ City _____ State CA Zip Code _____

Home/Cell Number _____

Work/Alternative Number _____

E-Mail Address _____

I understand that this permit may be revoked if the student does not attend school regularly on a timely basis, maintain good citizenship/behavior, maintain passing grades, and make satisfactory progress towards promotion. I understand that student transportation is the responsibility of the parent/guardian. Continued enrollment is subject to space availability. Should overcrowding exist, your student may be transferred within the first 20 days of school (B.P. 6151.2).

Parent/Guardian Signature X _____ Date: _____

NEW STUDENTS ONLY

APPROVAL IS BASED ON SPACE AVAILABILITY. TRANSPORTATION IS TO BE PROVIDED BY PARENT/GUARDIAN.

Priority reason for request (Level 1 or Level 2 requests need to be complete or student will be placed in Level 3).

Level 1 ☐ Sibling attends requested school.

Print sibling name: _____ Grade: _____ MCS ID# _____

Level 2 ☐ Parent/guardian is a Modesto City Schools' employee at requested school.

Level 3 ☐ **NEW** (Student will be placed in an unbiased random draw process based on school, grade, and priority level).

FOR OFFICE USE ONLY

☐ APPROVED ☐ DENIED

Requested School Principal's Signature _____

Date _____

Principal's Reason for Denial: _____

If approved, is space available in Special Education Program? ☐ YES ☐ NO (Attach email from SPED) ☐ N/A

☐ APPROVED ☐ DENIED

Senior Director, Child Welfare and Attendance Signature _____

Date _____

CWA Notes: _____