

SAN JUAN UNIFIED SCHOOL DISTRICT
San Juan Academy

San Juan Academy Voluntary Transfer Application

Please complete the Voluntary Transfer application and fax to San Juan Academy for an appointment:

Referring School: _____ Date: _____

Student: _____ Grade: _____ Student #: _____

Birth date: _____ Age: _____

Special Programs: 504 _____ ROP: _____ Work Permit: _____

*Special Education IEP Status: _____ **ELL Level _____

Special Education students cannot be transferred to San Juan Academy without an I.E.P. meeting first; please contact Karen Ewing at extension 7784

****San Juan Academy only accepts ELL levels Intermediate and above.**

Previous 12 months Discipline History: Truancy ____ (# of periods) Suspensions ____ (# of days served)

Currently serving an expulsion ____

Parents: _____ Phone: _____

Email: _____ Work Phone: _____

Why do you believe that San Juan Academy will be a good alternative for your student?

Signature: Students will not be accepted to San Juan Academy if this form is not complete or does not have the appropriate signatures.

Student: _____ Parent: _____

Requesting Administrator: _____ Requesting Counselor: _____

Intake appointments will be scheduled once San Juan Academy has all of the following: A completed and signed copy of this form. Fax to (916) 979-8910