APPLICATION FOR CHANGE OF PLACEMENT – 2020/2021

ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT

548 W Lancaster Blvd., Lancaster CA 93534-2571
Phone: 661-729-2321 Fax: 661-949-6292

STUDENT INFORMATION

STUDENT NAME: _____
  LAST   FIRST   MIDDLE

☐ **Male**   ☐ **Female**

DATE:

STUDENT ID #: _____   DOB: _____   AGE: _____   GRADE: _____   GRADUATION YEAR: _____   CREDITS: _____

NAME OF PARENT/GUARDIAN/ED RIGHTS:

ADDRESS: _____   CITY: _____   ZIP: _____

MAIN PHONE: _____   ALTERNATIVE PHONE: _____   ALTERNATIVE PHONE: _____

Has student been expelled?   No ☐   Yes ☐   (If yes, Indicate Name of school/district):   **Expulsion Date:**

Please list LAST 2 Schools, Camp, or Juvenile Hall attended.	**Most Recent School/Placement** **City/State**	**Previous School/Placement** **City/State**
	1.	2.

Reason for Request (Students currently enrolled in the AVUHSD must go through their school site to submit the application):

Does student have an IEP?

No ☐   Yes ☐

(If YES -Please indicate program below)

☐ED / ☐RSP / ☐SDC / ☐Other _____

☐ IEP Attached

Is Special Ed testing in progress? No ☐   Yes ☐

Does student have a 504 Plan?

No ☐   Yes ☐

ELL? *(English Language Learner/ Is English 2nd language?)*

No ☐   Yes ☐

Is student a Foster Child?

No ☐   Yes ☐

(If Yes- check box below if student qualifies for)

☐ **AB167 / 216**

Is student on Probation?

No ☐   Yes ☐

(Probation Officers Name & Phone Number)

Name:

Phone #:

PRESENT SCHOOL		**PRESENT PROGRAM**	**REQUESTED PROGRAM**	**REQUESTED SCHOOL**	
Check One		**If Applicable**	**If Applicable**	**Check One**	
☐ AVHS – Antelope Valley	☐ QHHS – Quartz Hill	☐ Independent Study	☐ Independent Study*	☐ AVHS – Antelope Valley	☐ PHS – Palmdale
☐ EHS – Eastside	☐ DP – Desert Pathways	☐ **OSC** (On Site Continuation)	☐ **OSC** (On Site Continuation)	☐ EHS – Eastside	☐ QHHS – Quartz Hill
☐ HHS – Highland	☐ PxHS – Phoenix	☐ Voluntary/Involuntary	☐ Voluntary/Involuntary	☐ HHS – Highland	☐ DP – Desert Pathways
☐ KHS – Knight	☐ RRPHS – R. Rex Parris			☐ KHS – Knight	☐ PxHS – Phoenix
☐ LHS – Littlerock	☐ DWHS – Desert Winds	***NOTE:** If this is an application for Independent Study, I am agreeing that I have been advised regarding other appropriate educational options. In lieu of these programs, I have freely chosen to enroll in the District's Independent Study Program.		☐ LHS – Littlerock	☐ RRPHS – R. Rex Parris
☐ LnHS – Lancaster	☐ **Other:** *(Please List Below)*		**Parent/Student Initial:** _____	☐ LnHS – Lancaster	☐ DWHS – Desert Winds
☐ PHS – Palmdale					

AUTHORIZATION FOR RELEASE OF RECORDS, CONSULTATION & CHANGE OF PLACEMENT

I, _____, the legal parent/guardian/ed rights holder of the above student, authorize release of transcripts, confidential (Please Print Parent/Guardian/ED Rights Full Name) medical, psychological, educational evaluation, or expulsion records to the AVUHSD. I authorize AVUHSD to consult with staff at my child's previous school in order to facilitate my child's change of placement.

Parent/Guardian/ED Rights Signature: _____   **Student Signature:** _____

Counselor Signature: _____   **Admin Signature:** _____

IS COMMITTEE/STUDENT SERVICES OFFICE USE ONLY		**SCHOOL APPROVED TO ATTEND**	
School of Residence:	**Date Reviewed:**	☐ **AVHS - Antelope Valley**	☐ **PHS - Palmdale**
		☐ **EHS - Eastside**	☐ **QHHS – Quartz Hill**
Reviewed By:		☐ **HHS - Highland**	☐ **DP – Desert Pathways**
		☐ **KHS - Knight**	☐ **PxHS - Phoenix**
Approved: ☐ **Denied:** ☐ **Re-Apply at Semester:** ☐		☐ **LHS - Littlerock**	☐ **RRPHS – R. Rex Parris**
		☐ **LnHS - Lancaster**	☐ **DWHS – Desert Winds**

Notes: