



## Peoria Unified School District High School SISTER SCHOOL REQUEST FORM

My student \_\_\_\_\_ has  
(please print student's name)

my permission to take the following class(es):

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Counselor Name:** \_\_\_\_\_

**School year:** \_\_\_\_\_

**Hour** (circle one): 1<sup>st</sup> or 5<sup>th</sup>

**Semester** (circle all that apply): Fall or Spring

**This class(es) aligns with my student's career pathway and Education and Career Action Plan(ECAP)** (Circle one) Yes or No

I understand the class will be taken at the following school in the Peoria Unified School District. The class is not offered at the home school or cannot be scheduled because of other class priorities (mark which school):

\_\_\_\_\_ Cactus High School

\_\_\_\_\_ Peoria High School

\_\_\_\_\_ Ironwood High School

\_\_\_\_\_ Raymond S. Kellis High School

\_\_\_\_\_ Liberty High School

\_\_\_\_\_ Sunrise Mountain High School

\_\_\_\_\_ (initial) I understand that my student might be responsible for his/her own transportation to and from the school and must read and complete the transportation consent form on the back of this request.

\_\_\_\_\_ (initial) I understand that this request is contingent on seat availability in the class at the sister school. If there are no seats available my student will remain on Centennial's campus.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Peoria Unified School District High School
STUDENT TRANSPORTATION CONSENT AND RELEASE FORM

There are times during the school year when activity events, practices, and/or classes will be held away from the home school. The School District provides transportation in some situations, but there are times when students can benefit from other transportation options. Please review the transportation options listed below, check any that are acceptable for your student, sign the form, and have your student return the form to their counselor.

I/We hereby give my/our student, (First and Last Name of Student), student I.D. #: ; a student at (Home Campus) to participate in (Course), located at (High School) during the (YY-YY) school year permission to:

(Please initial all the appropriate spaces.)

ride one way to or from classes on school authorized vehicles (Please note: Transportation will only be provided if 8 or more students from the same home campus travel at the same time/class period to the same high school)

ride with his/her parent/guardian

ride with an adult licensed driver: (Name(s))

ride with a sibling, who is at least 16 years of age and a licensed driver: (Name)

my student is at least 16 years of age, is a licensed driver, and can drive himself/herself.

Parents have responsibility to ensure that their student uses the mode of transportation authorized by the parent. Parents understand that the student driver is required to purchase a parking permit from the home school and that it must be displayed in his/her car window while parked at the other PUSD high school. This Consent may be revoked or modified in writing at any time.

I/We understand that School District employees cannot supervise participants when they travel to and from classes. I/we knowingly and voluntarily release and discharge Peoria Unified School District No. 11 and the members of its Governing Board, employees and agents from any and all liability, actions, lawsuits, claims, demands and expenses resulting directly or indirectly from loss of life, personal injuries, property damage, or other damage suffered by my/our student while traveling to or from classes by transportation other than a school authorized vehicle.

Student Signature Date

Parent/Guardian Signature Date

Student Email

Parent/Guardian Email

FOR INTERNAL USE ONLY
Date Returned to School:
Date Entered into the Co-enrollment Spreadsheet: