

## REQUEST AND AGREEMENT FOR INTERDISTRICT ATTENDANCE

TO THE GOVERNING BOARDS OF THE:

\_\_\_\_\_ and the \_\_\_\_\_  
*DISTRICT you are requesting your child attend* *DISTRICT of residence*

This is to request permission for: \_\_\_\_\_  
*Print Student Name* *Grade* *D.O.B.*

to attend \_\_\_\_\_ school for the \_\_\_\_\_ to \_\_\_\_\_ school year in the first named district  
*REQUESTED school*

While residing in the second named district (attending \_\_\_\_\_ school) for the following reason(s):  
*CURRENT school*

(Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Continue current placement                                    | <input type="checkbox"/> Allow student to remain with class graduating from elem./junior/senior high school. |
| <input type="checkbox"/> Complete current school year                                  | <input type="checkbox"/> Attend/complete senior year   |
| <input type="checkbox"/> Parent works locally (Allen Bill)                             | <input type="checkbox"/> Student will live out of district for one year or less                              |
| <input type="checkbox"/> Feeder school graduate [Insert name of feeder school(s)]      | <input type="checkbox"/> Recommended by SARB or social service agency  |
| <input type="checkbox"/> Childcare needs (Verification attached)                       | <input type="checkbox"/> Educational program not offered in district of residence                            |
| <input type="checkbox"/> Special needs (mental/physical health needs)                  | <input type="checkbox"/> Personal and social adjustment  |
| <input type="checkbox"/> Siblings currently attending                                  | <input type="checkbox"/> Residence is closer to requested district   |
| <input type="checkbox"/> Evidence of moving in/out of district (Verification attached) | <input type="checkbox"/> Other : _____   |
| <input type="checkbox"/> Bullying (EC46600(d)(2))                                      |  |

Is your child eligible for or enrolled in Special Education or have a §504 Plan? Yes ☐ No ☐ If yes, please check service below:

☐ Resource Specialist (RSP) ☐ Special Day Class (SDC) ☐ Other Services (Speech/Language/504) Specify: \_\_\_\_\_

I hereby certify that I am the Parent/Legal Guardian with legal custody rights:

Signed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: Primary/ \_\_\_\_\_ Secondary/ \_\_\_\_\_ Email/ \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

### PARENT WILL BE RESPONSIBLE FOR TRANSPORTATION

### CONDITIONS FOR INTERDISTRICT ATTENDANCE

The Governing Board of the \_\_\_\_\_ School District hereby agrees to permit the attendance of the student as requested above for the following period \_\_\_\_\_ to \_\_\_\_\_ school year. This request may be denied or revoked for the following reasons:

- One or more unexcused absence.
- Student misconduct.
- Poor academic achievement.
- Falsification on permit application.
- Student is currently serving an expulsion from another district.
- Determination that student is unlikely to meet terms of the agreement based upon previous attendance, academic or behavior record.
- Overcrowding (e.g., class size reduction, negotiated class size limits, etc.).  
*Note: Once accepted, student may not be denied continued attendance because of overcrowding for duration of agreement.*
- Additional cost of educating student would exceed the amount of funding received as a result of the transfer.
- Any other condition provided by BP/AR.

☐ Yes ☐ No Notwithstanding Education Code §46600(a)(1), Student agrees that he/she shall comply with any additional standards for reapplication set forth in BP/AR \_\_\_\_\_, including but not limited to reapplication upon completion of term of agreement.

☐ Yes ☐ No Notwithstanding the valid term of this Agreement, Student agrees that he/she shall apply for readmission for the 10th Grade in the District of Attendance, subject to the criteria set forth in BP/AR \_\_\_\_\_.

In accepting the above-named student, the accepting District agrees to assume the full responsibility for all costs of educational services for similar programs within both districts that now exist or which may exist during the term of this Agreement.

District of ATTENDANCE

District of RESIDENCE

\_\_\_\_\_ School District

\_\_\_\_\_ School District

Agreement ☐ Approved ☐ Denied Date \_\_\_\_\_

Agreement ☐ Approved ☐ Denied Date \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_