

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*

to attend _____ school in the first named district while residing in the second

named district (attending _____ school) for the following reason(s):
REQUESTED school *CURRENT school*

(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Continue current placement | <input type="checkbox"/> Allow student to remain with class graduating from elementary/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 (<i>Insert name of feeder school(s)</i>) | <input type="checkbox"/> Recommended by SARB or social service agency |
| <input type="checkbox"/> Childcare needs (<i>Verification attached</i>) | <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 (<i>Verification attached</i>) | <input type="checkbox"/> Other : _____ |

Is your child eligible for or enrolled in Special Education? 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: _____ Physical Address: _____

Printed Name: _____

Phone: Home/ _____ Work/ _____ 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:

- | | |
|---|--|
| 1. One or more unexcused absence. | 7. Overcrowding (e.g., class size reduction, negotiated class size limits, etc.).
<i>Note: Once accepted, student may not be denied continued attendance because of overcrowding for duration of agreement.</i> |
| 2. Student misconduct. | 8. Additional cost of educating student would exceed the amount of funding received as a result of the transfer. |
| 3. Poor academic achievement. | 9. Any other condition provided by BP/AR. (see attached). |
| 4. Falsification on permit application. | |
| 5. Student is currently serving an expulsion from another district. | |
| 6. Determination that student is unlikely to meet terms of the agreement based upon previous attendance, academic or behavior record. | |

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

Agreement Approved Denied Date _____

By: _____

Agreement Approved Denied Date _____

By: _____