

Date of Request: _____

PETITION FOR STUDENT INTERDISTRICT ATTENDANCE

Submit application to the school district of residence

School Year Requested: _____ to _____ This is an/a: Initial student request Renewal of an agreement

District of Residence: _____ School District Requested: _____

STUDENT INFORMATION

Student Name				Date of Birth							
Home Address				City		State		Zip Code			
Student's Current Grade Level				Student's Intended Grade Level							
Student's Current School of Attendance											
Is student currently designated as Special Education (IEP or have a 504 Plan)?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is student currently under expulsion? If yes, provide date: _____								<input type="checkbox"/> Yes		<input type="checkbox"/> No	

REASON FOR TRANSFER REQUEST

Specific reason(s) allowed by law: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name				Email		Phone Number			
Home/Mailing Address				City		State		Zip Code	

PARENT/GUARDIAN ACCEPTANCE OF TERMS

I understand that the mere act of completing this application and providing all the required documentation DOES NOT guarantee that the request will be approved. I certify under penalty of perjury that the information I supplied is true and correct and that falsification of information is grounds for immediate denial or revocation of agreement. District personnel may verify any or all information provided.

Signature of Parent/Guardian _____ Date _____

DISTRICT RECOMMENDATION

District of Residence: <input type="checkbox"/> Approved <input type="checkbox"/> Denied				Receiving School District: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Verified Residency: <input type="checkbox"/> Yes <input type="checkbox"/> No							
If denied, provide reason: _____				If denied, provide reason: _____			
Signature of Administrator _____				Signature of Administrator _____			
Date _____				Date _____			
Print Name of Administrator _____				Print Name of Administrator _____			

A denial by either school district may be appealed to the Imperial County Board of Education. A parent or legal guardian must file an appeal in writing by letter to the Imperial County Office of Education, 1398 Sperber Road, El Centro, CA 92243, within thirty (30) days of the denial. A district may require an appeal to the District Superintendent prior to an appeal to the Imperial County Board of Education.