

PLEASE READ!

IMPORTANT INSTRUCTIONS FOR COMPLETING THIS FORM.

- 1. DO NOT USE THE RETURN KEY TO MOVE BETWEEN FIELDS. USE TAB KEY ONLY.**
- 2. PRINT OUT PAGE 2 ONLY TO AVOID PRINTING THIS INSTRUCTION SHEET.**
- 3. IF YOU HAVE DIFFICULTY WITH THIS FORM, PRINT OUT THE PDF VERSION AND COMPLETE IT BY HAND.**

For HCOE Use Only
Date Filed:

Humboldt County Office of Education

EXHIBIT 5117

Interdistrict Attendance Agreement Appeal Form
(Education Code §46601-46603)

Date:

Pupil Name:

Name of Parent/Guardian:

Address:

Phone: Day:

Night:

School District of Residence:

School District of Desired Attendance:

I certify under penalty of perjury that the information provided above and attached to this document is true and correct to the best of my knowledge and belief.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SUBMIT THIS FORM AND A PHOTOCOPY OF THE INITIAL REQUEST (Page 1 & 2) YOU PROVIDED YOUR LOCAL DISTRICTS.

Mail to: Student Programs & Services
Humboldt County Office of Education
901 Myrtle Avenue
Eureka, CA 95501-1219

Note: Upon receipt and review of the completed materials, you will be contacted regarding the date/time of the hearing or you will be informed of the reason(s) why your request for appeal cannot go forward due to insufficient information requirements of Ed. Code §46601-03, inclusive.

For HCOE Use Only

Copy of completed application (page 1 and 2) received _____

Copy of Appeal Form received _____

HCOE Interdistrict brochure and Board Policy sent _____

District of Residence Notified of Date/Time Appeal to be Heard _____

District of Desired Attendance Notified of Date/Time Appeal to be Heard _____

Parent/Guardian Notified of Date/Time Appeal to be Heard _____

District of Residence Notified of Board Action on Appeal _____

District of Desired Attendance Notified of Board Action on Appeal _____

Parent/Guardian Notified of Board Action on Appeal _____