

District of Residence _____ Date Request Received by DOR: _____
 Proposed School & District of Attendance _____

ANNUAL INTERDISTRICT ATTENDANCE TRANSFER AGREEMENT
FOR SCHOOL DISTRICTS IN HUMBOLDT COUNTY

Part A

Parent/Guardian: Complete applicable steps on page 1 and then submit it to the School District of Residence (DOR). If it is approved, it will be forwarded to the Proposed School District of Attendance (DOA). **Only new requests submitted between December 1st and February 1st will be approved by the DOR, subject to reasonable enrollment activities.** (See the district office for exceptions in the 2018-19 school year and for information on reasonable enrollment activities). If both districts approve, and you agree to any additional terms and conditions required by the district(s), you may enroll your student in the Proposed School District of Attendance.

STEP 1: To be completed by parent/guardian (PLEASE PRINT)		<input type="checkbox"/> New Application <input type="checkbox"/> Sibling at school? Sibling Name/Grade: _____	<input type="checkbox"/> Renewal <input type="checkbox"/> No change in address <input type="checkbox"/> Address change
School Year: <input type="checkbox"/> Current Year <input type="checkbox"/> Future Year 20__-20__ (annual renewal required)		Grade Requested	
Have you applied for a transfer to any other district for this same school year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, list all:			
Student Name (Last, First):	Birth Date:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Current or Last School of Attendance			
Student Address		City, Zip Code	
Parent / Guardian Name			
Home Phone	Work Phone	Cell Phone	Email address
STEP 2: To be completed for NEW applications only			
Reason for Request: <input type="checkbox"/> Childcare <input type="checkbox"/> Parent Employment <input type="checkbox"/> Other (Explain below)			
If reason is parent employment or childcare, provide name, address, and phone number of childcare or work below. Any additional information you wish to provide may be included below (use additional pages as needed):			
If reason is "Other", please explain (use additional pages as needed):			
What special services has the student received? (Check all that apply) <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> English Language Learner			
If the student is receiving Special Education services, what is their current placement (Please attach IEP) <input type="checkbox"/> Special Day (SDC) <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Pending Assessment			
Is the student currently pending disciplinary action or under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I have read the terms and conditions and understand the regulations and policies governing interdistrict attendance permits and hereby submit my application. I also understand that approval or denial of this application and revocation of the Permit is subject to the terms of this Permit and the policies and/or regulations of the individual districts.
 I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. **I certify under penalty of perjury that the information provided above is true and correct to the best of my knowledge and belief. I also understand and agree to the above terms.**

Parent/Guardian Signature _____ Date _____

Student Name _____

PART B: Terms and Conditions:

The following terms and conditions apply to this Permit if it is approved by both districts:

1. Students will be required to re-apply for interdistrict attendance for any subsequent school year.
3. As permitted by law, the Permit may be revoked by either district pursuant to its policies and regulations and any applicable terms and conditions in Part C and/or D. Grounds for revocation of the Permit include, but may not be limited to, the failure of a pupil to attain satisfactory academic progress, follow established rules of conduct, or maintain regular attendance, as determined by desired district of attendance.
4. Neither district will be responsible for pupil transportation.
5. The District of Attendance will be responsible for special education services and related costs.
6. Approval of this Permit does not guarantee athletic eligibility.

PART C: Action of District of Residence:

Decision: Approved Denied Date _____

Comments:

Authorizing

Signature: _____

Title: _____

District: _____

PART D: Action of District of Attendance:

Decision: Approved Denied Date _____

Comments:

Authorizing

Signature: _____

Title: _____

District: _____

If one or both districts deny the permit you may contact the Humboldt County Office of Education at 445-7171 if you wish information on the appeal process or go online at <http://www.hcoe.org/sps/seif.php>. **(An interdistrict attendance appeal request must be filed with the Humboldt County Board of Education within thirty (30) calendar days of notification that the request was denied.)**

The parent/guardian and each district shall be provided with and retain a copy of this form.