

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 _____ Date _____  | Signature of Administrator _____ 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.