

INTER DISTRICT ATTENDANCE REQUEST/PERMIT

School Year 20__ - 20__ Home School _____ District Desired _____

Student _____ Birthdate _____ Grade _____ School Desired _____

Student _____ Birthdate _____ Grade _____ School Desired _____

Student _____ Birthdate _____ Grade _____ School Desired _____

District will try to accommodate your request, but the site is not guaranteed.

Parent/Guardian _____ Phone # _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

REASON FOR DISTRICT ATTENDANCE REQUEST

Residency based on employment _____

Name, Address, & Phone Number of Employer _____

Child care: Name _____ Address _____ Phone _____

Hardship (explain) _____

Former / future resident (circle one) Date of move _____

Expelled from another district: Name of district _____

Other / please explain _____

Child is receiving Special Education services Yes No Student name _____

Special Day Class Resource Specialist Program Speech APE Other

The Education Code of the State of California requires that children attend school in the district in which they live. This permit, if granted, will continue in force only as long as the student's attendance, citizenship, and academic progress are satisfactory. This permit, if granted, is valid for the **CURRENT SCHOOL YEAR ONLY; APPLICANTS MUST APPLY ANNUALLY. TRANSPORTATION WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN.**

I certify that all statements are true and correct.

Signature of Parent / Guardian _____ Date _____

APPROVAL / DENIAL BY ESCALON UNIFIED SCHOOL DISTRICT

The request for transfer is approved and referred to the district of desired attendance for consideration.

The request for transfer is denied for the following reason: _____

The EUSD agrees to relinquish the revenue limit but will not assume additional financial responsibility beyond the revenue limit.

Signature of Authorized Representative of Escalon Unified School District _____ Date _____

IDA denials may be appealed to the San Joaquin County Office of Education within 30 days of denial.

APPROVAL / DENIAL BY DISTRICT OF DESIRED ATTENDANCE

Please check, sign, and return original to Escalon Unified School District

The request for transfer is approved.

The request for transfer is denied for the following reason: _____

Signature of Authorized Representative _____ District _____ Date _____

Distribution: *White*-District of Residence *Canary*-District of Desired Attendance *Pink*-File Copy *Goldenrod*-Parent