



**Fort Sage Unified School District**

100 D.S. Hall Street

P.O. Box 35

Herlong, CA 96113

(530) 827-2101 Fax (530) 827-3239

Dr. Keith Tomes, Superintendent

Michelle Beckett, Executive Secretary

**FORT SAGE UNIFIED SCHOOL DISTRICT INTERDISTRICT AGREEMENT**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School in District of Resident: Sierra Primary Fort Sage Middle Herlong High School  
District of Requested Attendance: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street State Zip

Valid reasons Per Education Code 46600:

- Child Care  Transportation  Special Mental or Physical  Needs Sibling Already Attends School
- Living out of District one year or less  Complete the School Year  Remain with Graduating Class
- Moving to that District  When Recommended by SARB or other Social Agencies
- Educational Program Not Offered  Personal and Social Adjustment  Other

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A Parent/Guardian may request enrollment of a student in a specific school or program of a district; however, the district is not required to admit a student to the school or program requested. The Superintendent is responsible for determining the acceptance of a transfer per Board Policy and Administrative Regulation 5517 and Board Policy 5118.**

**I certify and will comply with the term, conditions and policies of the Fort Sage School District.**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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District of Residence \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Superintendent

Approved  Denied

Receiving District \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Superintendent

Approved  Denied