

# Inter-District Attendance Agreement

**SIERRA COUNTY OFFICE OF EDUCATION**

**SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT**

109 Beckwith Road/P.O. Box 955, Loyalton CA 96118

Tel: (530) 993-1660 Fax: (530) 993-0828

**\*\*\*ONE APPLICATION PER STUDENT\*\*\***

School Year of Application: \_\_\_\_\_

New: \_\_\_\_\_ Renewal: \_\_\_\_\_

All applications for inter-district transfer must be received by the district in writing, using the approved form, between March 1<sup>st</sup> and June 30<sup>th</sup> prior to the school year of application. **\*\*Must reapply each school year\*\***  
All grounds supporting the application must be set forth in a single application.  
Multiple or successive applications will not be considered by the district.

PROCEDURE for completing this application:

- a. Complete this form.
- b. Obtain approval of the authorized school administrator of the district of residence.
- c. Take request form to administrator of the school district of desired attendance.
- d. Parent/guardian will be notified by mail or email of the final decision on the request.

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email (optional): \_\_\_\_\_

School District of Residence: \_\_\_\_\_

School District of Desired Attendance: \_\_\_\_\_

Name of Desired School to Attend: \_\_\_\_\_

Explanation of reason(s) for request: \_\_\_\_\_

**\*\*\*If your reason is employment or child care related, please provide official documentation with contact name, address and phone number.**

Does your child require any special education or instruction services, e.g., special education, ESL, Section 504, gifted and talented?

No  Yes If yes, please describe: \_\_\_\_\_

Is this student currently under an "Expulsion Order"?  No  Yes

Has this student been recommended for expulsion?  No  Yes

## CONDITIONS

In making this application, I understand that my child must meet acceptable standards of attendance and conduct as established by the school principal and district policies, and that my child is not currently under an expulsion order. I understand that by signing, I allow the Superintendent or designee to request my child's attendance and behavior logs from my child's current school.

I further understand that an inter-district attendance agreement will be granted only when appropriate space is available and may be revoked at any time by the receiving district as a result of discipline, truancy or excessive excused absences. I accept responsibility for providing transportation for my child. I have read and understand the regulations and policies governing inter-district attendance agreements (attached) and hereby submit my application. I declare under penalty of perjury that the information provided above is true and accurate. I understand that this form will be provided to the district of residence, the district of desired attendance, and the Sierra County Office of Education and information provided is subject to verification.

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Parent/Legal Guardian Signature

