

DELANO UNION SCHOOL DISTRICT

STUDENT SUPPORT SERVICES

1405 12th Avenue
Delano, CA 93215

INTERDISTRICT ATTENDANCE AGREEMENT REQUEST

This is to request an Interdistrict Attendance Agreement for the _____ School Year.

Student: _____ Grade: _____ Student: _____ Grade: _____
Student: _____ Grade: _____ Student: _____ Grade: _____
Student: _____ Grade: _____ Student: _____ Grade: _____

Address: _____ Zip Code: _____ Telephone: _____ Cellular: _____

Family lives in the **Delano Union School District** boundary and request approval to attend:

School Name: _____ School District Name: _____

The reasons for this request are as follows: _____

Please check this box if your child attended _____ School District during the _____ school year.

If the reason given is for childcare or employment, please fill in the following:

a. CHILDCARE PROVIDER: _____ Telephone: _____
Address: _____ City: _____ Zip Code: _____

b. PARENT EMPLOYMENT:
Father: _____ Employer: _____ Work Hours and Days _____
Employer's Address: _____ Telephone: _____

Mother: _____ Employer: _____ Work Hours and Days _____
Employer's Address: _____ Telephone: _____

I declare under penalty of perjury that the above information is accurate to the best of my knowledge. I further acknowledge that attendance in a non-resident district is a privilege and not a right. I acknowledge that the district granting this request shall have the right to revoke and end this agreement if: (1) The District of Attendance makes a reasonable determination that the continuing presence of the student would interfere with the needs of the District, the best interests of the student, or both; and (2) the District of Attendance gives five (5) schooldays notice prior to the revocation of this agreement.

I understand I have the right to appeal any decision regarding this request by either district to the County Board of Education pursuant to Education Code Section 46601. I further understand the Interdistrict Attendance Agreement only covers the school year indicated above.

Signature of parent/guardian Relationship: _____ Date: _____

***** For District Use Only *****

Request denied by: _____ School District Date: _____

Request granted by the Governing Boards of the following school districts for the _____ School Year.
Subject to the following terms:
1. Parents to provide own transportation; and
2. _____ School District to receive the average daily attendance for apportionment purposes.

District of Residence: DELANO UNION SCHOOL DISTRICT

District of Attendance: _____

Agreement Approved: _____

Agreement Approved: _____

By: _____

By: _____

Tina Tyler Smith, Director of Student Support Services