

INTERDISTRICT ATTENDANCE AGREEMENT

HAMILTON UNIFIED SCHOOL DISTRICT

P.O. Box 488, 620 Canal Street
Hamilton City, CA 95951
P: (530) 826-3261 Ext. 6011 F: (530) 826-0440

FROM: Hamilton Unified School District	TO: (School District Name)
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STUDENT INFORMATION

Student's Name	Grade	Current School	School Of Desired Attendance

I request that my child(ren) (named above) attend a school out of our district of residence (named above) during the _____ school year.
(elementary students must reapply annually)

Reason for Request:

Has your student(s) been expelled or is the student(s) in the process of being expelled from school?	YES	NO
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If yes, please indicate the student(s) name:

<i>Date of Incident:</i>	<i>School where incident occurred:</i>
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Does your student(s) receive Special Education services?	YES	NO	Does your student(s) have an active 504 plan?	YES	NO
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PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian Name		Telephone	
Physical Address	City	State/Zip Code	
Mailing Address	City	State/Zip Code	

IN COMPLETING THIS APPLICATION I UNDERSTAND THE FOLLOWING

- The student(s) must meet acceptable standards of attendance and conduct as established by the school principal.
- A variance will be granted only when appropriate space is available and may be revoked at any time as a result of discipline, lack of academic progress or attendance problems and/or classroom overcrowding.
- District of attendance will collect ADA for students with no tuition to be assessed to the district of residence.

I declare under penalty of perjury under laws of California, that the information provided above is true and correct. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. I understand that the interdistrict attendance permit must be renewed annually for K-8. I understand that I am responsible for the transportation of my student. I further understand that, to maintain this permit my student must comply with any terms and conditions set forth below and the academic, behavior and attendance policy requirements of the district of desired attendance.

SIGNATURE (Parent or Legal Guardian):	DATE:
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Official Use Only Below This Line ACTION ON INTERDISTRICT ATTENDANCE REQUEST

HAMILTON UNIFIED SCHOOL DISTRICT		_____ SCHOOL DISTRICT	
Approved	Denied	Approved	Denied
Principal has reviewed form & met with parent(s) Principal Initials _____			
(Superintendent's Signature)	(Date)	(Superintendent's Signature)	(Date)

CALIFORNIA DEPARTMENT OF EDUCATION

An interdistrict transfer/reciprocal agreement is when parents/guardians wish to register/admit/enroll their student(s) at a school other than the designated school that is in their attendance area **outside** of their district.

California [Education Code sections 46600–46610](#) permits parents/guardians to request an interdistrict transfer/reciprocal agreement. The fundamental basis for this provision is the signing of an agreement between districts. Interdistrict transfer/reciprocal agreement must be approved by both the student's original district of residence and the district to which the student seeks to transfer to. Both districts must approve the agreement before it becomes valid. The agreement may extend for a maximum of five consecutive years and may include terms or conditions. It is within the authority of either the home district or the receiving district to revoke an interdistrict transfer/reciprocal agreement at any time for any reason the local board or district superintendent deems appropriate.

If a request for an interdistrict transfer/reciprocal agreement is denied, the student's parents/guardians may file an appeal to the county office of education in the student's district of residence within 30 days of receipt of the official notice of denial of the transfer.