

LIVINGSTON UNION SCHOOL DISTRICT

922 "B" Street | Livingston, CA 95334 | Phone (209)394-5421 | Fax (209)394-5401

REQUEST AND AGREEMENT FOR INTERDISTRICT ATTENDANCE

This is to request an Interdistrict Attendance Agreement for school year 20____ - 20____ to permit the within named child/children, while residing within the boundaries of Livingston Union School District, to attend:

Name of school you are requesting your child attend:	Name of School District:

This agreement is subject to the following terms for approval:

1. District of attendance receives A.D.A.
2. No tuition will be charged to district of residence.
3. Transportation is the responsibility of the parent.
4. **Interdistrict Agreements are valid for one year only and must be filed each year.**

Name(s) of Child/Children	Date of Birth	Grade <small>(child's grade for the school year entered above)</small>
1.		
2.		
3.		
4.		

Please check the reason(s) for this request:

<input type="checkbox"/> Continue current placement.	<input type="checkbox"/> Complete current school year.
<input type="checkbox"/> Childcare needs. <i>(Complete childcare information below)</i>	<input type="checkbox"/> Parent works locally. <i>(Complete employer information below.)</i>
<input type="checkbox"/> Siblings currently attend requested district.	<input type="checkbox"/> Moving into requested school district.
<input type="checkbox"/> Child of district employee.	<input type="checkbox"/> Residence is closer to requested district.
<input type="checkbox"/> Student will live out of District for one year or less.	<input type="checkbox"/> Special needs. (physical, emotional or academic)
<input type="checkbox"/> Recommended by SARB or social service agency.	<input type="checkbox"/> Other:

If the reason given is **childcare or employment**, please complete this section

Childcare Provider's Name	Address	Phone
Employer's Name	Address	Phone

Is your child eligible for or enrolled in Special Education? Yes___ No___ If yes, please check the provided service:

Resource Specialist (RSP) Special Day Class (SDC) Other Services (Speech/Language/504) Specify: _____

I declare under penalty of perjury that the above information is accurate to the best of my knowledge and that I am the parent/guardian with legal custody rights. I further acknowledge that attendance in a non-resident district is a privilege and not a right. The district granting this request shall have the right to revoke this agreement if the student's citizenship, academic progress or attendance is unsatisfactory. I understand I have the right to appeal any decision regarding this request by either district to the county board of education pursuant to EC 46601. I further understand that this agreement only covers the school year indicated above.

Parent/Guardian Signature: _____

Parent Name	Cell Phone	Home Phone
Address	City	Zip

FOR SCHOOL DISTRICT USE ONLY

DISTRICT OF RESIDENCE	DISTRICT OF ATTENDANCE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Date:	Date:
Signature:	Signature:
Livingston Union School District	District:

Mailed original to requested District of Attendance on:

Rev. 5/13