



LINDEN UNIFIED SCHOOL DISTRICT

18527 E. Main Street
Linden, California 95236
(209) 887-3894 FAX (209) 887-2250

REQUEST AND AGREEMENT FOR INTRADISTRICT ATTENDANCE

For School Year: 20____ - 20____

Name of Pupil _____ Age _____ Current Grade _____

Name of Parent(s) _____

Address _____

Zip Code _____

Telephone (Residence) _____ Telephone (Business) _____

Name of Guardian _____ Address _____

(if not living w/parents)

Guardian Telephone (Residence) _____ (Business) _____

School Requested: _____ Grade _____

School of Attendance: _____ Grade _____

School of Residence: _____ Grade _____

Reason for request: _____

AGREEMENT

I understand that this agreement may be withdrawn during the school year if my child fails to:

- (1) Attend school regularly on a timely basis. (All absences **must** be excused.)
- (2) Maintain good citizenship/behavior.
- (3) Maintain passing grades and make satisfactory progress towards promotion.
- (4) Or due to overcrowding or lack of space.

DATE _____ BY _____

(Parent/ Guardian Signature)

DO NOT WRITE BELOW THIS LINE

Principal: Approved _____ Disapproved _____ Date _____

Principal: Approved _____ Disapproved _____ Date _____

District: Approved _____ Disapproved _____ Date _____

Reason(s) for disapproval: _____ Does not comply with Board Policy _____ No space available

_____ Poor Attendance/Poor Grades/Behavior/Low GPA/Discipline Problems

_____ Denied per Special Ed/Program Impacted

_____ Other _____

In accordance with Board policy, parents are responsible for transportation. This agreement may be rescinded due to limited space.

Distribution: () District Office () School Requested () School of Residence () Parent