

INTRADISTRICT ATTENDANCE AGREEMENT



# Loomis Union School District

3290 Humphrey Road, Loomis, CA 95650 (916) 652-1800  
[www.loomis-usd.k12.ca.us](http://www.loomis-usd.k12.ca.us)

*Building Excellence in Education since 1856*

**Please Complete One Form For Each Child**

New Applicant      20\_\_\_\_\_ - 20\_\_\_\_\_ School Year

Does your child currently receive any special services?     Special Education     504 Plan

English Learner     GATE     Health Care Plan

The Board of Trustees of the Loomis Union School District, hereby agree to permit the within named student, while residing in the school attendance area of \_\_\_\_\_ School, to attend \_\_\_\_\_ School.

1. **Student will maintain good academic standing, attendance and proper behavior as determined by the principal of the school of attendance. Failure to adhere to one or more of these standards will result in immediate revocation of the Intradistrict Agreement.**
2. **No transportation will be provided.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Information

Student Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

Grade: \_\_\_\_\_      DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mailing Address

Cell or Other: \_\_\_\_\_

If not the same as above: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parents/Guardian's

E-mail Address: \_\_\_\_\_

*If the reason is for employment or daycare, please provide name, address, and phone number of employer or daycare provider on the following lines.*

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR DISTRICT OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Approved

Denied

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date