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# LINDEN UNIFIED SCHOOL DISTRICT

San Joaquin County  
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I understand that this agreement may be withdrawn during the school year if my child fails to: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 This agreement may be rescinded due to limited space.**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