

GUSTINE UNIFIED SCHOOL DISTRICT

1500 Meredith Avenue, Gustine, CA 95322

209/854-3784

Fax 209/854-9164

REQUEST and AGREEMENT FOR INTER-DISTRICT ATTENDANCE

This is to request an Inter-district Attendance Agreement for School Year: 20__ - 20__

| Name of Student (Please Print) | Grade | Date of Birth | District of Residence | District Requested | School Requested |
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(Check all that apply)

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| <input type="checkbox"/> Continue current placement <input type="checkbox"/> Complete current school year <input type="checkbox"/> Parent works locally (Attach proof of employment) <input type="checkbox"/> Childcare needs (Attach Affidavit Form) <input type="checkbox"/> Special Needs (physical, emotional or academic) <input type="checkbox"/> Siblings currently attending <input type="checkbox"/> Evidence of moving In/Out of district (Attach Verification) | <input type="checkbox"/> Allow student to remain with class graduating from elementary, middle, or senior high school <input type="checkbox"/> Attend/complete senior year <input type="checkbox"/> Student will live out of district for one year or less <input type="checkbox"/> Educational program not offered in district of residence <input type="checkbox"/> Recommendation by SARB or social service agency <input type="checkbox"/> Other: _____ |
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Is your child eligible for or enrolled in Special Education? YES NO (if yes, check the provided service)

Special Day Class Resource Specialist Program (RSP) Speech/Language Adaptive P.E.

Does your child have a current 504 Student Accommodation Plan? Yes No

Is the student currently expelled from a school? YES NO If yes, from what school district? _____

PARTICIPATION IN SPORTS: If the pupil participates in any athletic program governed by the California Interscholastic Foundation (CIF), he/she may not be eligible to participate at the new school. Parent/guardian should check the CIF rules before submitting this application.

CONDITIONS FOR INTERDISTRICT ATTENDANCE. Any Violation of the following will be cause for revocation and/or nonrenewal:

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| <ul style="list-style-type: none"> • Transportation is the responsibility of the parent • Accurate and true information on the permit application • Regular attendance, with no unexcused absences • Appropriate student conduct as per expectations with the Gustine Unified School District's rules and regulations | <ul style="list-style-type: none"> • Satisfactory academic achievement • Any other condition provided by BP/AR • Overcrowding (<i>Note: Once accepted student may not be denied continued attendance for the duration of agreement</i>) • This agreement must be renewed each year |
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If the transfer request has been denied, parents have the right to appeal to the county board of education within 30 calendar days from the date of the final denial.

Incomplete applications will not be processed.

I hereby certify that I am the Parent, Legal Guardian, or Person Having Custody:

Printed Name: _____ Address: _____

Signed Name: _____ Home/Cell Phone: _____ Date: _____

To be completed by District of RESIDENCE

Approved Denied because _____

Date _____ Superintendent's Signature _____

To be completed by District of ATTENDANCE

Approved Denied because _____

Date _____ Superintendent's Signature _____

Gustine Unified School District will not reimburse district of attendance for Special Education services