

# Request for Interdistrict Attendance Permit

For school year \_\_\_\_\_

For grade \_\_\_\_\_

New student

Continuing student

**If one or both parents or legal guardians are employed with the boundaries of the district you are requesting, do not complete this form. Request the "employment related" interdistrict attendance form.**

Use a separate form for each child. Please type or print. See reverse for parent rights.

**Part A: Parent/Guardian completes this section and returns all copies to school district of residence.**

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School district of residence: \_\_\_\_\_ County: \_\_\_\_\_

School presently attending or last attended: \_\_\_\_\_ Current grade: \_\_\_\_\_

School district of desired attendance: \_\_\_\_\_ County: \_\_\_\_\_

School requested: \_\_\_\_\_ (District retains the right to assign student to any school.)

**Important:** Each school district in Sonoma County has a local policy and criteria for accepting or denying requests for interdistrict attendance permits which may or may not include the reasons listed below. After reviewing the policies of your district of residence and the district of desired attendance, check the reason for requesting the interdistrict attendance permit. Attach a written explanation or documentation where requested.

Reason for request:

- Child care (name address and phone of provider) \_\_\_\_\_
- Specialized or unique educational program (describe) \_\_\_\_\_
- Change in social environment (attach explanation)
- Mental or physical health and/or safety needs (attach statement from physician, psychologist, juvenile authority or appropriate school staff)
- Recommended by SARB and/county agency for home or community problems (provide written documentation)
- Complete current school year or remain with a graduating class
- Moving into district in the immediate future (provide written evidence)
- Sibling attending (name, grade and school) \_\_\_\_\_
- Other: \_\_\_\_\_

For information purposes only and for the sole purpose of determining capacity and space issues which would require the creation of a new program or service, has this student or does this student currently receive special education or other special services? Yes No (describe) \_\_\_\_\_

Is this student currently under an expulsion order? Yes No If yes, attach copy

Name of parent/guardian: \_\_\_\_\_ Home phone: \_\_\_\_\_

Complete address : \_\_\_\_\_ Work phone: \_\_\_\_\_

*I declare, under penalty of perjury under the laws of California, that the information provided above is true and accurate. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. I understand that the interdistrict attendance permit must be renewed annually. I understand that I am responsible for the transportation of my student. I further understand that, to maintain this permit, my student must comply with any terms and conditions set forth below and the academic, behavior, and attendance policy requirements of the district of desired attendance.*

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)

**Part B: School district of residence completes and forwards all copies to school district of desired attendance.**

Action of **district of residence:** \_\_\_\_\_ Date received: \_\_\_\_\_

Approved – terms and conditions: \_\_\_\_\_

Denied - reason: \_\_\_\_\_

\_\_\_\_\_  
(signature and title of authorized representative)

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

**Part C: School district of desired attendance completes and distributes copies as indicated below.**

Action of **district of desired attendance:** \_\_\_\_\_ Date received: \_\_\_\_\_

Approved – terms and conditions: \_\_\_\_\_

Denied - reason: \_\_\_\_\_

\_\_\_\_\_  
(signature and title of authorized representative)

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

## **PARENT RIGHTS**

### **Relating to Interdistrict Attendance Agreement Requests**

As a parent or legal guardian, you have the right to:

- Request an interdistrict attendance agreement from your district of residence.
- Receive a written copy of local school board policy relating to interdistrict attendance agreement requests from both the district of residence and the district you desire to attend.
- Discuss your situation with your local district superintendent or appointed designee.
- Request the opportunity to appeal an adverse decision to your local school board in person or in writing.
- Receive written notice of local board action within a period of time specified by local policy.
- Appeal the decision of your local school board to the Sonoma County Board of Education.

You are encouraged to review the governing board policy for further information and any additional rights.