

INTERDISTRICT ATTENDANCE APPEAL FORM
(Please type or print; additional pages may be attached if necessary)

Pupils Name: _____

Birthdate: _____ Grade: _____

School Presently Attending or Attended: _____

How Long?

Parent/Legal Guardian Name: _____

Address: _____

Telephone Number: _____ Work Number: _____

School of Desired Attendance: _____

What is your reason(s) for requesting an interdistrict attendance permit?
(copy of Request for Interdistrict Attendance Permit must be attached)

What is your understanding of the reason your request was denied?
