



**REQUEST FOR INTER-DISTRICT ATTENDANCE AGREEMENT
SCHOOL YEAR _____**

IT IS THE RESPONSIBILITY OF THE PARENT OR GUARDIAN TO ANNUALLY REQUEST AN INTER-DISTRICT ATTENDANCE AGREEMENT. PLEASE COMPLETE THE TOP SECTION OF THIS FORM.

I hereby request that my child(ren) residing in the _____ School District be permitted to attend the _____ School District.

Reasons for request (please be specific): _____

PUPIL(S) NAME	GRADE	PUPIL(S) NAME	GRADE

I understand that attendance is subject to compliance with the law and all school policies (especially those related to attendance and discipline) and that this inter-district attendance agreement WILL be revoked for failure to comply with the law or school policies or if the principal of the school of attendance determines that the student is a problem.

PARENT/GUARDIAN NAME (PRINTED): _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ PHONE: _____

MAILING ADDRESS: _____

RESIDENCE ADDRESS: _____

INTERDISTRICT ATTENDANCE AGREEMENT

The first named district hereby grants the release of State and federal funds earned by said attendance to the second named district. This agreement is also subject to the following terms:

1. Compliance with the law and all school policies (especially those related to attendance and discipline.)
2. Continuous academic achievement.
3. This inter-district attendance agreement may be revoked for failure to comply with the law or school policies, or if the principal of the school of attendance determines that the student is a discipline problem
4. Falsification of information stated on the inter-district permit or application.
5. Other

The above student(s) is/are granted an interdistrict agreement through June 30, _____ in accordance with the provisions of the Education Code.

DISTRICT OF RESIDENCE	DISTRICT OF ATTENDANCE

Approve: Yes No

Approve: Yes No

By: _____

By: _____

Date: _____

Date: _____



Should an inter-district transfer be granted to a student/parent, it is understood that the transfer is based on the following conditions and may be revoked AT ANY TIME based on breach of ANY of the following conditions:

Conditions:

1. The transfer is valid only until the end of the school year, at which time a student/parent may reapply for the new school year.
2. Students/parents on an inter-district transfers attend Lakeport schools as a welcome guest of the District and community.
3. The board of trustees reserves the right to revoke any inter-district attendance agreement *at any time*. The decision of the Board is final and binding.
4. Transportation shall NOT be provided for pupils attending on an inter-district attendance agreement.
5. As guests of the district, students on an inter-district transfer agreement are expected to show normal academic progress (i.e. all grades of “C” or better), normal attendance (i.e, **no** truancy) and normal deportment (i.e. **no** suspensions).
6. The parent or legal guardian must be accessible for obtaining consent, giving notice, and such other contact as may be necessary, appropriate, or required by law, and must be willing to cooperate with district officials as necessary to comply with the law.
7. If the conditions of this transfer are violated, the principal of the school shall investigate the circumstances and shall forward a statement of facts and recommendation to the Superintendent. The Superintendent shall review the matter and will continue or terminate the balance of the inter-district agreement. Neither the approved inter-district agreement or this policy provides nor implies that the non-resident student has ANY rights to a hearing in the event that the administration chooses to revoke or terminate the transfer. The decision of the Superintendent is final and binding.

I have read and understand these conditions. I agree as evidenced by my signature to abide by these conditions and understand that violation of these conditions will immediately terminate my inter-district transfer into the Lakeport Unified School District.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

Parent Signature _____ Date: _____

Principal Review: _____ Date: _____