



Coast Unified School District
 1350 Main Street
 Cambria, CA 93428
 805 927 3880 805.927.7105 fax
 Jill Southern, Superintendent

Office Use Only: Date Received: Signature: _____
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INTERDISTRICT ATTENDANCE APPLICATION/ALLEN BILL

Part A: PARENT REQUEST – Please Print – One application per student

School Year Requested: _____ New Application Renewal
 District of Residence (*where you live*): _____ District of Attendance (*district you are requesting*): _____

STUDENT NAME <i>Please print.</i>	BIRTHDATE	Sp Ed or 504 Plan? (<i>If yes, which.</i>)	AGE	SCHOOL & GRADE <i>(For year requested)</i>
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Reason for Transfer (*If because of employment, please include name and address of employer in explanation*):

Parent(s) or Guardian (Please print) _____ Home Address _____
 Phone: Home/Work/Cell _____ Mailing Address _____

*I have read, understand and have retained the attached information sheet labeled
 "Information on Interdistrict Attendance Agreements"*

Signature of Parent or Guardian _____ Signature of Custodial Parent or Guardian _____

Part B: APPROVAL OR DENIAL BY DISTRICT OF RESIDENCE

This request for transfer is approved by Superintendent or designee of the district of residence.
 Approval is for a period of _____ years, and expires on _____. Reason for Transfer: _____
 This request for transfer is denied. _____

 District Superintendent/Designee _____ Date _____

Part C: APPROVAL OR DENIAL BY DISTRICT OF ATTENDANCE

This request for transfer is approved by the Governing Board of the district of attendance.
 Approval is for a period of _____ years, and expires on _____.
 This request for transfer is denied.

 District Superintendent/Designee _____ Date _____