



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: _____

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
Please print.

BIRTHDATE

Sp Ed or 504
Plan? (*If yes, which.*)

AGE

SCHOOL & GRADE
(For year requested)

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 _____. Reason for Transfer:

☐ This request for transfer is denied.

District Superintendent/Designee

Date

REV 06 2023