

WESTSIDE UNION SCHOOL DISTRICT

41914 N. 50th Street West, Quartz Hill, California 93536

School Year:

20 ____ -- 20 ____

Please Print

INTERDISTRICT ATTENDANCE AGREEMENT

Child's Name: _____ Birthdate: ____/____/____ Grade: _____
Last First M.I.

District of Residence: Westside Union School District School of Residence: _____

Desired District of Attendance: _____ Desired School of Attendance: _____

School Currently Attending or Last Attended: _____

Parent/Guardian's Name(s): _____

Mailing Address: _____
Address City State Zip

Phone Numbers (home): _____ (work): _____ (cell): _____

Check reason(s) for request: Employment - Please provide verification of employment and address (pay stub or letter)
 Continuing Student in requested school **for the remainder of the current school year.**
 Continuing student in the request school – **last grade in the school.**
 Other; indicate reason _____ Change of Residence
Move date: _____
New Address: (if different from mailing address) _____

Has this student received special education or other instructional support services within the previous 12 months? Yes No
If yes, please describe the program/services received: _____

Is this student currently under an "Expulsion Order"? Yes No If yes, what district? _____

NOTE: Neither district shall assume responsibility for transportation of any pupil granted this permit. This permit is valid only for the school year granted, while following conditions are maintained, and as long as the attendance, citizenship, and scholarship of the student is satisfactory to the district of attendance. A permit may be revoked for cause at any time. False or misleading information may be cause for denial or revocation of permit.

Interdistrict Agreement will not be processed without signature.

I have read and understand the regulations and policies governing interdistrict attendance permits and hereby submit my application. I declare under penalty of perjury that the information provided above is true and accurate. I understand that this form will be provided to the district of residence and the district of desired attendance all information is subject to verification.

Signature of Parent/Guardian: _____ Date: _____

FOR SCHOOL DISTRICT OFFICE USE ONLY

As the authorized administrator for the district of residence, I recommend the following action (check one):

- Approved
- Denied
- Concurrence with receiving district

Superintendent

Date

As the authorized administrator for the district of desired attendance, I recommend the following action (check one):

- Approved
- Denied

Authorized Signature

Title

Date