

**ARVIN UNION SCHOOL DISTRICT**  
**737 Bear Mountain Blvd**  
**Arvin, CA 93203**  
**(661) 854-6500 Fax (661) 854-2362**

**INTERDISTRICT ATTENDANCE AGREEMENT REQUEST**

This is to request an Interdistrict Attendance Agreement for School Year 20\_\_\_\_-20\_\_\_\_ for:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Who lives in the \_\_\_\_\_ ARVIN \_\_\_\_\_ School District

to go to \_\_\_\_\_ School in the \_\_\_\_\_ School District.

The reasons for this request are as follows: \_\_\_\_\_

If the reason given is child care, please fill in the following:

**a. BABYSITTER:** Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

**b. PARENT EMPLOYMENT:**

Father \_\_\_\_\_ Name of Business \_\_\_\_\_ Work Hours and Days \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_

Mother \_\_\_\_\_ Name of Business \_\_\_\_\_ Work Hours and Days \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_

I declare under penalty of perjury that the above information is accurate to the best of my knowledge. I further acknowledge that attendance in a non-resident district is a privilege and not a right. I acknowledge that the district granting this request shall have the right to revoke and end this agreement if (1) the district of attendance makes a reasonable determination that the continuing presence of the student would interfere with the needs of the district, the best interests of the student, or both; and (2) the district of attendance gives five (5) school days notice prior to the revocation of this agreement. I understand that I have a right to appeal any decision regarding this request by either district to the county board of education pursuant to Education Code section 46601. I understand this permit is valid as long as the information provided above is true and correct and verification must be provided every school year.

Signed \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

-----**For District Use Only**-----

Request denied by \_\_\_\_\_ Date \_\_\_\_\_

Request granted by the governing boards of the school districts above named for the school year \_\_\_\_-\_\_\_\_, subject to the following terms:

a. Parents provide own transportation.  Yes  No

b. District of attendance to receive the average daily attendance for apportionment purposes.

District of Residence \_\_\_\_\_ District of Attendance \_\_\_\_\_

Agreement Approved \_\_\_\_\_ Agreement Approved \_\_\_\_\_

By \_\_\_\_\_ By \_\_\_\_\_