



**TRAVIS UNIFIED SCHOOL DISTRICT**

2751 De Ronde Drive  
Fairfield, CA 94533

**Inter-District Attendance Agreement – Release Out**  
Student Services (707) 437-4604 x 1114 / Fax (707) 437-8254  
syoun@travisusd.org

For the \_\_\_\_\_ - \_\_\_\_\_ School Year Only

New  Renewal

**District Desired:** \_\_\_\_\_ **School Desired:** \_\_\_\_\_

Name of Student	Current Grade	Grade Requested	Birth Date	Present School or Last School Attended

**Name of Parent/Guardian:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Active Duty Military?**  Yes  No **Is the student currently expelled?**  Yes  No

**Special Education Services Received:**  RSP  SDC  Speech/Language  Other \_\_\_\_\_

**Other Services Received:**  McKinney Vento  Section 504  Foster  English Learner Program  GATE **Primary**

**Reasons for Request (check all that apply):**

- Continuing Student/Enrollment
- Sibling Attending
- Transportation/Logistics
- Adjustment / Social
- Child Care

**Employment – Name of Employer:** \_\_\_\_\_

**Program – State Specific Program:** \_\_\_\_\_

**Other – State Specific Reason:** \_\_\_\_\_

**Please note:** If pupil participates in any athletic program governed by the CA Interscholastic Foundation (CIF), pupil may not be eligible to participate at the new school. Parent/guardian should check CIF rules before submitting application.

Students are expected to continue attending school regularly until the IDA is approved and they are ready to enroll in new school.

**I certify to the best of my knowledge the information contained in this application is accurate.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BELOW FOR DISTRICT'S USE ONLY**

Resident School District	Requested School District
___ Granted ___ Denied	___ Granted ___ Denied ___ Waitlisted
Reason for denial:	Reason for denial:
Authorized Signature: _____ Date: _____	Authorized Signature: _____ Date: _____