

Panama-Buena Vista Union School District

KATIE RUSSELL, Ed.D.  
District Superintendent

4200 Ashe Road  
Bakersfield, CA 93313  
(661) 831-8331 Fax (661) 398-2141



BOARD OF TRUSTEES  
Bryan Easter  
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Keith C. Wolaridge

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**Intradistrict Attendance District Appeal**

**Student Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School Requested: \_\_\_\_\_ Resident School: \_\_\_\_\_

**Parent Information**

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for requesting a school outside your attendance area: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student/parent understanding of the reason(s) the request was denied. (Attach copy of denial letter). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you believe the denial should be set aside: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A Culture of Purpose, Caring & Results  
*“Excellence in Education”*

Please include any additional information: \_\_\_\_\_  
\_\_\_\_\_

Back up documentation attached: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Please complete this form, sign, date and mail or deliver to:**

**Panama-Buena Vista Union School District  
Assistant Superintendent of Educational Services  
4200 Ashe Road, Bakersfield, CA 93313  
Email address: [mmckee@pbvUSD.k12.ca.us](mailto:mmckee@pbvUSD.k12.ca.us)**

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**For Internal Use Only**

Date Appeal received by the District (time stamped): \_\_\_\_\_

Received in person or by mail (specify): \_\_\_\_\_

Postmark date if received by mail (Attach envelope): \_\_\_\_\_

Received by (Name of staff member): \_\_\_\_\_

Date parent notified of denial: \_\_\_\_\_