

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
Chad Blain
Bryan Easter
Linda Garcia
Paula Van Auken
Keith C. Wolaridge

Interdistrict Attendance District Appeal

Student Information

Student Name: _____ Date of Birth: _____ Grade: _____

School Requested: _____ Resident District: _____

Parent Information

Parent Name: _____ Phone: _____

Address: _____ Email Address: _____

Reason for requesting a school outside your resident district: _____

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”

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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: sbumatay@pbvusd.k12.ca.us**

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: _____

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Apelación de Asistencia Interdistrital (fuera del distrito) del Distrito

Información del Estudiante

Nombre del Estudiante: _____ Fecha de Nacimiento: _____
Grado: _____

Escuela Solicitada: _____ Distrito de Residencia: _____

Información del Padre

Nombre del Padre: _____ Teléfono: _____

Domicilio: _____ Correo Electrónico: _____

Razón por solicitar una escuela fuera de su distrito de residencia:

Comprensión por parte del estudiante/padre de los motivos por los que se denegó la solicitud (Adjunte una copia de la carta de denegación).

Por qué cree que debe anularse la denegación: _____

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Por favor incluya cualquier información adicional:

Documentación de respaldo adjunta:

Firma del Padre/Tutor

Fecha

Por favor complete esta forma, firme, feche y envíe por correo o entregue en:

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