

Lakeside Union School District

14535 Old River Road, Bakersfield, CA 93311
Lakeside School (661) 831-3503, Fax (661) 831-7709
Suburu School (661) 665-8190, Fax (661) 665-8282

Request for an Intra-District Attendance Agreement

For the 20__/20__ School Year

☐ New

☐ Renewal

Student Information:

Name: _____

Date of Birth: _____

Address: _____

Zip: _____ 20__/20__ Grade: _____

Parent Phone: _____

Parent Work Phone: _____

This is a request for the above named student to leave _____ school and attend _____ in the Lakeside Union School District for the 20__/20__ school year.

Intra-District Agreements are granted in the best interest and welfare of the child's education.

Circle the reason for this request below:

1. Parents are buying a new home in another school area. (present escrow information)
2. Daycare provider located in school area.
 - a. Mother's place of employment _____ Work Phone: _____
 - i. Full-time _____ Part-time _____ Hours of employment _____
 - b. Father's place of employment _____ Work Phone: _____
 - i. Full-time _____ Part-time _____ Hours of employment _____
 - c. Daycare provider:
 - i. Name _____ Address _____ Phone _____
3. Other: _____

I understand that the Lakeside Union School District may deny the transfer request for the following reasons:

1. The school facilities are at capacity at the relevant grade level.
2. The school buses are at capacity at relevant route.
3. On a case-by-case basis for good cause which does not constitute discrimination on the basis of race, ethnicity, gender, or any other arbitrary consideration.

I certify that the above information is accurate and complete; and realize that this agreement, if granted, may be revoked should there be a change in student information, or if the conduct of the student does not satisfactorily meet school standards. I understand that transportation may not be provided and I agree to transport my student to and from school in a timely manner.

The Lakeside Union School District will notify you if the transfer request is approved or denied. An incomplete request will not be processed.

Parent/Guardian signature: _____ Date: _____

----- For District Use -----

School of Residence: _____

School of Requested Attendance: _____

Approved _____ Denied _____ Date _____

Approved _____ Denied _____ Date _____

Principal Signature: _____

Principal Signature: _____