



Lakeside Union School District - IDT Request

14535 Old River Road
Bakersfield, CA 93311
(661) 836-6658 FAX (661) 836-8059

Received _____

This is to request an Inter-district Attendance Agreement for School Year _____

Student Name (1) _____ Grade _____ Student Name (2) _____ Grade _____

Address _____ Zip Code _____ Telephone (____) _____

who lives in the Lakeside Union School District to go to _____ School in the _____ District.

EXPLANATION FOR REQUEST: (Please attach a separate sheet if necessary)

Parent/Guardian Employment (Attach current paycheck stub to verify employment of both Parents/Guardians)

Parent/Guardian Name: _____ Work Hours: _____ Work Days: _____

Name of Employer: _____ Work Address: _____

Work Phone: (____) _____ Employer's Signature: _____

Parent/Guardian Name: _____ Work Hours: _____ Work Days: _____

Name of Employer: _____ Work Address: _____

Work Phone: (____) _____ Employer's Signature: _____

Child Care Provider: (Must Provide Proof of enrollment in Childcare)

This is to verify under penalty of perjury that I, _____ (Name of child care provider)
am providing daily child care for the student(s) named above.

Please provide the Child Care Provider address, phone number, and signature:

Address _____ Phone (____) _____

Signature of Child Care Provider: _____

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 understand that parents/guardians provide their own transportation to and from the approved school; I acknowledge that the district granting this request shall have the right to revoke or terminate this agreement for any reason. 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 further understand that the Inter-district Attendance Agreement only covers the school year indicated above. I understand that falsifying this request is grounds for revocation.

Parent/Guardian Signature _____ Date _____

☐ Request granted by the governing boards of the school districts named above for the school year listed above, subject to the following terms:

- a. Parents must provide their own transportation.
- b. District of attendance will receive the average daily attendance for apportionment purposes.

☐ Request denied by _____ Date _____

District of Residence _____

District of Attendance _____

Agreement Approved _____

Agreement Approved _____

Signed by _____

Signed by _____