



SALIDA UNION SCHOOL DISTRICT

4801 Sisk Road, Salida, CA 95368 ♦ (209) 545-0339 ♦ Fax (209) 545-2682

REQUEST AND AGREEMENT FOR INTER/INTRA DISTRICT ATTENDANCE

TO THE GOVERNING BOARDS OF THE:

_____ and the Salida Union School District
DISTRICT you are requesting your child attend *DISTRICT of residence*

_____ and the _____
SCHOOL you are requesting your child attend *SCHOOL of residence*

This is to request permission for:

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

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

to attend school in the first named district while residing in the second named district for the following reason(s):
(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Continue current placement | <input type="checkbox"/> Allow student to remain with class graduating from elementary/junior/senior high school. |
| <input type="checkbox"/> Complete current school year | <input type="checkbox"/> Student will live out of district for one year or less |
| <input type="checkbox"/> Parent works locally (Allen Bill) [Please complete backside of this form] | <input type="checkbox"/> Recommended by SARB or social service agency |
| <input type="checkbox"/> Feeder school graduate [Insert name of feeder school(s)] | <input type="checkbox"/> Educational program not offered in district of residence |
| <input type="checkbox"/> Childcare needs (Please complete backside of this form) | <input type="checkbox"/> Personal and social adjustment |
| <input type="checkbox"/> Special needs (mental/physical health needs) | <input type="checkbox"/> Residence is closer to requested district |
| <input type="checkbox"/> Siblings currently attending | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Evidence of moving in/out of district (Verification attached) | |

Is your child eligible for or enrolled in Special Education? Yes No If yes, please check service below:

Resource Specialist (RSP) Special Day Class (SDC) Other Services (Speech/Language/504) Specify: _____

I hereby certify that I am the Parent/Legal Guardian with legal custody rights:

Printed Name: _____ Physical Address: _____

Signature: _____

Phone: Home/_____ Work/_____ Mailing Address: _____

Date _____ *If different from above.*

PARENT WILL BE RESPONSIBLE FOR TRANSPORTATION

CONDITIONS FOR INTERDISTRICT ATTENDANCE

The Governing Board of the Salida Union School District hereby agrees to permit the attendance of the student as requested above for the following period _____ to _____ school year. This request may be denied or revoked for the following reasons:

- | | |
|---|---|
| 1. One or more unexcused absence. | 7. Overcrowding (e.g., class size reduction, negotiated class size limits, etc.). <i>Note: Once accepted, student may not be denied continued attendance because of overcrowding for duration of agreement.</i> |
| 2. Student misconduct. | 8. Additional cost of educating student would exceed the amount of funding received as a result of the transfer. |
| 3. Poor academic achievement. | 9. Any other condition provided by BP/AR. (see attached). |
| 4. Falsification on permit application. | |
| 5. Student is currently serving an expulsion from another district. | |
| 6. Determination that student is unlikely to meet terms of the agreement based upon previous attendance, academic or behavior record. | |

Yes No Notwithstanding Education Code §46600(a)(1), Student agrees that he/she shall comply with any additional standards for reapplication set forth in BP/AR 5117, including but not limited to reapplication upon completion of term of agreement.

In accepting the above-named student, the accepting District agrees to assume the full responsibility for all costs of educational services for similar programs within both districts that now exist or which may exist during the term of this Agreement.

District of ATTENDANCE

District of RESIDENCE

_____ School District

Salida Union School District School District

Agreement Approved Denied Date _____

Agreement Approved Denied Date _____

By: _____

By: Agustin Mireles, Assistant Superintendent



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Childcare/Employment Verification

The following information must be verified prior to requesting an Interdistrict Transfer.

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

School Attendance Area: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

Home/Cell Phone: _____

Home/Cell Phone: _____

Place of Employment: _____

Place of Employment: _____

Address: _____

Address: _____

Work Phone: _____

Work Phone: _____

Supervisor: _____

Supervisor: _____

Hours/Days of Employment: _____

Hours/Days of Employment: _____

PARENT/GUARDIAN SIGNATURE

DATE

DAY CARE PROVIDER INFORMATION:

Name: _____

Address: _____

Phone: _____

*Day Care License No.: _____

School Attendance area: _____

Student will be supervised by this childcare provider during these hours:

_____ A.M. _____ P.M. On these days: _____

DAY CARE PROVIDER SIGNATURE

DATE

*No license needed if:

- (1) The caregiver is related by blood or marriage to the parents(s)
- (2) The caregiver is supervising the children from one family and is a close friend of the parent
- (3) The caregiver is supervising for 10 hour or less per week, with or without compensation if the children are under 14 years of age.