

ANNUAL INTERDISTRICT ATTENDANCE TRANSFER AGREEMENT
for SCHOOL DISTRICTS IN HUMBOLDT COUNTY for school year 2019-2020

Date Request Received by DOR

Part A

Parent/Guardian: Complete applicable steps on page 1 and 2 shaded in gray and then submit it to your **District of Residence (DOR)**. If it is approved, it will be forwarded to the **District of Proposed Enrollment (DPE)**. **Only new requests submitted between December 1st and February 1st are assured of approval by the DOR, subject to reasonable enrollment activities.** (See the DOR district office for exceptions and for information on reasonable enrollment activities). If both districts approve, and you agree to any additional terms and conditions required by the district(s), you may enroll your student in the DPE.

District of Residence _____ District of Proposed Enrollment _____

STEP 1: To be completed by parent/guardian (PLEASE PRINT)		<input type="checkbox"/> New Application <input type="checkbox"/> Sibling(s) at school? Sibling Grade(s): _____ Sibling Name(s): _____		<input type="checkbox"/> Renewal <input type="checkbox"/> No change in address <input type="checkbox"/> Address change	
Have you applied for a transfer to any other district for this same school year? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list all:				Student Grade in 2019-2020:	
Student Name (Last, First):			Birth Date:		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Current or Last School of Attendance					
Student Address				City, Zip Code	
Parent / Guardian Name					
Home Phone		Work Phone		Cell Phone	
Email address					
STEP 2: To be completed by parent/guardian for NEW applications only					
Reason for Request: <input type="checkbox"/> Childcare <input type="checkbox"/> Parent Employment <input type="checkbox"/> Other (Explain below)					
If reason is parent employment or childcare, provide name, address, and phone number of childcare or work below. Any additional information you wish to provide may be included below (use additional pages as needed):					
If reason is "Other", please explain (use additional pages as needed):					
What special services has the student received? (Check all that apply) <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> English Language Learner <input type="checkbox"/> None					
If the student is receiving Special Education services, what is their current placement (Please attach IEP) <input type="checkbox"/> Special Day (SDC) <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Speech Services <input type="checkbox"/> Pending Assessment					
Is the student currently pending disciplinary action or under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No					

I have read the terms and conditions and understand the regulations and policies governing interdistrict attendance permits and hereby submit my application. I also understand that approval or denial of this application and revocation of the Permit is subject to the terms of this Permit and the policies and/or regulations of the individual districts. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. I certify under penalty of perjury that the information provided above is true and correct to the best of my knowledge and belief. I also understand and agree to the above terms.

Parent/Guardian Signature _____ **Date** _____

Student Name _____

PART B: Terms and Conditions:

The following terms and conditions apply to this Permit if it is approved by both districts:

1. Students will be required to re-apply for interdistrict attendance for any subsequent school year.
2. As permitted by law, the Permit may be revoked by either district pursuant to its policies and regulations and any applicable terms and conditions in Part C and/or D. Grounds for revocation of the Permit include, but may not be limited to, the failure of a pupil to attain satisfactory academic progress, follow established rules of conduct, or maintain regular attendance, as determined by the district of proposed enrollment.
3. Neither district will be responsible for pupil transportation unless required by law.
4. The District of Proposed Enrollment (DPE) will be responsible for special education services and related costs.
5. Approval of this Permit does not guarantee athletic eligibility.

PART C: Action of District of Residence (to be completed by DOR):

Decision: Approved Denied for the school year 2019-2020

Comments:

Date of action by DOR

Authorizing Signature: _____

Title: _____

District: _____

PART D: Action of District of Proposed Enrollment (to be completed by DPE):

Decision: Approved Denied Denied, but on waitlist for the school year 2019-2020

Comments:

Date of action by DPE

Authorizing Signature: _____

Title: _____

District: _____

If one or both districts deny the permit you may contact the Humboldt County Office of Education at 445-7171 if you wish information on the appeal process or go online at <http://www.hcoe.org/sps/seif.php>. **(An interdistrict attendance appeal request must be filed with the Humboldt County Board of Education within thirty (30) calendar days of notification that the request was denied.)**

The parent/guardian and each district shall be provided with and retain a copy of this form.