

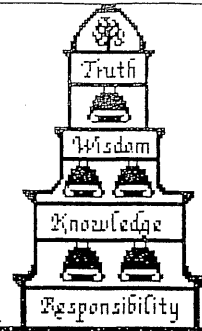
San Miguel Joint Union School District

Lillian Larsen Elementary School

1601 "L" Street, San Miguel, CA 93451

(805) 467-3216 FAX 467-3410

"Pointing the Way to Excellence"



PARENT REQUEST FOR INTERDISTRICT ATTENDANCE

School Year: \_\_\_\_\_  Renewal  New Application Date: \_\_\_\_\_

District of Residence: \_\_\_\_\_ (Where you live) District Requesting: \_\_\_\_\_ (Where you want your student(s) to attend)

Table with 5 columns: Students Name (Please print), Birth Date, Special Ed. Or 504 plan?, Age, Grade. Includes three rows of blank lines for entry.

Reason for transfer: We encourage you to attach a letter with a detailed explanation to assist the Board in making a decision. Please attach proof of employment/child care.

- Reasons for transfer: Child Care, Continuation, Curriculum, Location (Closer to home), Home School, Personal/Medical, Smaller School Environment, Employment: Employer's Name, Employer's Address.

Custodial Parent or Guardian (Please print) Home Address (Street/City/Zip Code)

Phone: Home Work Cell Mailing Address

- I understand and accept the following: 1. Approval of all Interdistrict Transfers is based on regular attendance and satisfactory citizenship. 2. Transportation is to be provided by the family. 3. Request will be canceled if student is not enrolled within 60 days from Board Action.

Signature of Parent/Guardian

BOARD ACTION

Form for Board Action with fields for Releasing District, Accepting District, Date Approved, Date Denied, and Reason.

Signature Date Signature Date