

School District of Choice Transfer
Elk Hills School District

Elk Hills School District of Choice Declaration at Regular Board Meeting on October 12, 2005

For School Year _____

For Grade _____

Use a separate form for each child. Please type or print.

PART A.

PARENT/GUARDIAN completes this section and returns all copies to school district of choice.

Student's Name: _____ Birth Date: _____
School District of Choice: _____ County: _____
School Requested: _____
Specific Program or Service Requested (if any): _____
Sibling(s) Currently Attending District of Choice: _____
School District of Residence: _____ County: _____
School Presently Attending or Last Attended: _____ Grade: _____
Name of Parent/Guardian: _____ Home Phone: _____
Address: _____ Work/Cellular Phone: _____

PART B.

SCHOOL DISTRICT OF CHOICE completes this section and returns all copies to school district of residence.

ACTION OF DISTRICT OF CHOICE:

- Accepted
- Rejected

Reason for rejection: _____

(Signature and Title of Authorized Representative) Date: _____

PART C.

SCHOOL DISTRICT OF CHOICE completes and distributes copies as indicated below.

ACTION OF DISTRICT OF RESIDENCE:

- Accepted
- Rejected

Reason for rejection: Negative impact on desegregation plan.
 Transfer exceeds limits allowed by law.

(Signature and Title of Authorized Representative) Date: _____

Distribution: District of Attendance District of Residence Parent/Guardian

Office of **CHRISTINE LIZARDI-FRAZIER**
Kern County Superintendent of Schools
Advocates for Children
1300 17th Street - CITY CENTRE
Bakersfield, CA 93301-4533

INTERDISTRICT ATTENDANCE AGREEMENT REQUEST

This is to request an Interdistrict Attendance Agreement for School Year 20____-20____ for:

Name _____ Grade _____ Name _____ Grade _____
Name _____ Grade _____ Name _____ Grade _____
Address _____ Zip Code _____ Telephone _____
who lives in the _____ School District
to go to _____ School in the _____ School District.

The reasons for this request are as follows: _____

If the reason given is child care, please fill in the following:

- a. BABYSITTER: Name _____
Address _____ Zip Code _____ Telephone _____
- b. PARENT EMPLOYMENT:
- Father _____ Name of Business _____ Work Hours and Days _____
Business Address _____ Telephone _____
- Mother _____ Name of Business _____ Work Hours and Days _____
Business Address _____ Telephone _____

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 acknowledge that the district granting this request shall have the right to revoke and end this agreement if (1) the district of attendance makes a reasonable determination that the continuing presence of the student would interfere with the needs of the district, the best interests of the student, or both; and (2) the district of attendance gives five (5) school days notice prior to the revocation of this agreement. 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 Interdistrict Attendance Agreement only covers the school year indicated above.

Signed _____ Date _____
Relationship _____

.....
For District Use Only

- Request denied by _____ Date _____
School District
- Request granted by the governing boards of the school districts above named for the school year 20____-20____,
subject to the following terms:
- a. Parents provide own transportation. Yes No
- b. District of attendance to receive the average daily attendance for apportionment purposes.
- District of Residence _____ District of Attendance _____
Agreement Approved _____ Agreement Approved _____
- By _____ By _____

Distribution: District of Residence District of Attendance
Rev. 9/02 iaar.pmd

PLEASE PRINT

Elk Hill School District
501 Kern Street/PO Box 129
Tupman, CA 93276

Student's Social Security # _____

Student's Legal Name _____ Grade _____
Last First Middle

AKA Name _____ Sex M _____ F _____

COURT ORDER ON FILE? YES _____ NO _____

Birth Date: _____ Birth _____
How Verified _____ Place _____
month day year

(City, State, County)

Street/Mailing (PO Box)

Address _____ City _____ Zip _____ Home Phone _____

Legal (on Birth Certificate) Father _____ In Home? Y ___ N ___ Place of Employment _____ Cell/Work Phone _____

Legal (on Birth Certificate) Mother _____ In Home? Y ___ N ___ Place of Employment _____ Cell/Work Phone _____

Other Parent/Guardian in Home (STEP/FSTR/AUNT/UNCLE/BRO/SIS) _____ Phone # _____

E-mail Address: _____

Indicate Ethnic Background:

- (1) White _____ (2) Hispanic _____
- (3) Black _____ (4) Am. Indian _____
- (5) Asian _____ (6) Filipino _____
- (7) Pac. Island _____ (8) Other _____

LAST SCHOOL ATTENDED:

YEAR _____ GRADE _____

PARENT/GUARDIAN SIGNATURE _____
DATE SIGNED _____

SID# _____	RM# _____
Bus Stop _____	
FOR OFFICE USE ONLY	
Teacher # _____	Teacher Name _____
	Date Enrolled _____
1. _____	_____
2. _____	_____
3. _____	_____
Date Left _____	School Came Sent _____
	Date Sent _____
1. _____	_____
2. _____	_____

IN CASE MY CHILD IS ILL OR THERE IS AN EMERGENCY, AND I CAN'T BE REACHED, YOU MAY CALL:

1. Name _____	Relationship to Child _____
Address _____	Phone # _____
2. Name _____	Relationship to Child _____
Address _____	Phone # _____
3. Name _____	Relationship to Child _____
Address _____	Phone # _____

If person (s) is not on card THEY WILL NOT BE ABLE TO PICK UP STUDENT

IT IS VERY IMPORTANT THAT YOU COMPLETE THIS INFORMATION

Has your child ever attended Elk Hills School? YES ___ NO ___

Has your child received Special Education Services during the past 36 months or is an Initial Assessment for eligibility in progress YES ___ NO ___
If yes, what kind of services? _____

Has your child been identified as having a disability recognized under section 504 of the Rehabilitation Act of 1973? YES ___ NO ___

Does your child have any physical disabilities? YES ___ NO ___
If yes, explain _____

Are there any other physical, social, behavioral, or medical problems the school should be aware of: YES ___ NO ___
If yes, explain _____

Is there a court order restricting a parent from visiting/removing this child from School? YES ___ NO ___
If yes, present the valid court order to the school to have a photocopy made for the child's school files.

LIST ALL BROTHERS AND SISTERS:

Name	Age	School Attending
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Is your child generally in good health? YES ___ NO ___

If no, explain _____
Has a doctor ever told you your child has a severe allergy? YES ___ NO ___
If yes, what is he/she allergic to? _____
What is the treatment? _____

During the last 2 years, has a doctor told you that your child has: (check only those that apply)

- Convulsions/Seizures _____
- Hearing loss/problem _____
- Wear glasses _____
- Vision loss/problems _____
- Speech difficulties _____
- Shunt _____
- Neurological problems _____
- Other _____
- Asthma _____
- Diabetes _____
- Nosebleeds _____
- Earaches _____
- Cancer _____
- Chicken Pox _____
- Attention Deficit Disorder _____
- Headaches/Migraines _____
- Heart Problems _____
- Hearing Aid _____
- Digestive problems _____
- Breathing Problems _____

Does your child take medication regularly at home or at school? YES ___ NO ___
If yes, please list _____

Name	Age	School Attending
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

CALIFORNIA LAW STATES THAT EACH STUDENT NEEDS TO HAVE AN EMERGENCY CARD ON FILE