



ELK HILLS SCHOOL DISTRICT

501 Kern Street, P.O. Box 129
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www.elkhills.k12.ca.us

*"Where Kids
Come First!"*

Interdistrict Attendance Agreement Request

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Address _____ Zip Code _____ Phone _____

Who lives in the _____ School District to go to

_____ School in the _____ School District.

The reason for the request is as follows: _____

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

Babysitter name _____ Phone _____

Address _____ Zip Code _____

If the reason given is parent employment, please fill in the following:

Father _____ Name of Business _____ Work Hrs/Days _____

Business Address _____ Phone _____

Mother _____ Name of Business _____ Work Hrs/Days _____

Business Address _____ Phone _____

I declare under penalty of perjury that the above information is accurate to the best of my knowledge. I further acknowledge that attendance un 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 (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 to either the school board or, if denied, to the county board of education pursuant to Education Code Section 46601.

Signed _____ Date _____

Relationship to student(s) _____

For District Use Only

Request denied by _____ Date _____

Request granted by the governing boards of the school districts above 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 _____

Date Approved _____ Date Approved _____

By _____ By _____