



*"Where Kids  
Come First!"*

# ELK HILLS SCHOOL DISTRICT

501 Kern Street, P.O. Box 129  
Tupman, CA 93276  
Phone: 661.765.7431 Fax: 661.765.4583  
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## **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 the above information is accurate to the best of my knowledge. I further acknowledge attendance in a non-resident district is a privilege and not a right. I acknowledge the district granting this request shall have the right to revoke and end this agreement immediately without further cause for one or more of the following (1) The commission of misconduct prohibited by the Education Code (2) The commission of misconduct prohibited by the Penal Code (3) Five or more unexcused absences during the school year (4) Ten or more unexcused tardies during the school year (5) Suspension from school totaling more than three days during a school year (6) More than two negative entries during a single school year in the pupil's discipline file (7) The student is recommended for expulsion pursuant to Education Code 48918 (8) Inaccurate information provided in conjunction with the request for interdistrict attendance.

### Additional Revocation Criteria

1. Parent/guardian unwillingness to provide or arrange for transportation to and from school at no cost to the district;
2. The commission of a violation of the Penal Code on or within 1,000 feet of school grounds by a pupil's parent or guardian;
3. The commission of a violation of the Vehicle Code on or within 1,000 feet of school grounds by a pupil's parent or guardian;
4. Parent/guardian makes a threat to inflict physical harm directed at a pupil or staff at any time or anywhere;
5. Parental/guardian use of offensive words or engaging in a course of conduct directed at students or staff which are likely to cause substantial emotional distress or provoke a violent response;

6. If a parent or guardian has, at any time, been directed to leave school grounds or other district property pursuant to either Penal Code 626.4, 626.6, 626.7, 626.8 or 626.85;
7. The commission of conduct tantamount to that described in Penal Code 415 (disturbing the peace) by a parent or legal guardian against another adult including, but not limited to, school staff or another parent or legal guardian with a child enrolled in the district, and that conduct is perpetrated on or within 1,000 feet of school grounds. Such conduct includes:
  - Fighting or challenging another to a fight;
  - Maliciously and willfully disturbing another by loud and unreasonable noise; and
  - The use of offensive words which are inherently likely to provoke an immediate violent reaction.
8. The pupil's parent or guardian is a "registered sex offender" as defined by Penal Code 290 or a "specified drug offender" as defined by Penal Code 626.85.

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:  
 Parents provide own transportation \_\_\_yes\_\_\_no  
 District of attendance to receive the average daily attendance for apportionment purposes.

District of Residence \_\_\_\_\_  
 Date Approved \_\_\_\_\_  
 By \_\_\_\_\_  
 \_\_\_\_\_

District of Attendance \_\_\_\_\_  
 Date Approved \_\_\_\_\_  
 By \_\_\_\_\_  
 \_\_\_\_\_

Custody Alert(court papers on file)   
Medical Alert

SID# \_\_\_\_\_ RM# \_\_\_\_\_  
SSID# \_\_\_\_\_  
Bus Stop \_\_\_\_\_  
**FOR FFICE USE ONLY**

Elk Hills School District  
**STUDENT EMERGENCY CARD**

**Student Information**

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Street) (City) (Zipcode)

**Parent/Guardian Information**

Parent/Guardian 1

Parent/Guardian 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Student lives with: \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_ Guardian

**Emergency Contacts**

If the child listed above becomes ill, requires medical attention, or must be evacuated due to emergency and I cannot be reached, the school has my permission to contact and release my child to one of the following. **Must show valid photo ID**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Sibling Information**

Name	School	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Medical Information**

Has your child received Special Ed Services \_\_\_ Yes \_\_\_ No  
If yes, what kind of services: \_\_\_\_\_  
Has your child been on a 504 \_\_\_ Yes \_\_\_ No  
Does your child have any physical disabilities \_\_\_ Yes \_\_\_ No  
If yes explain: \_\_\_\_\_  
Any Social or Behavioral problems \_\_\_ Yes \_\_\_ No  
If yes explain: \_\_\_\_\_

Is your child generally in good health \_\_\_ Yes \_\_\_ No  
If no, explain: \_\_\_\_\_  
Does your child have a severe allergy \_\_\_ Yes \_\_\_ No  
If yes, what is child allergic to: \_\_\_\_\_  
What is the treatment: \_\_\_\_\_  
Any other medical issues: \_\_\_\_\_  
Does your child take medication at school \_\_\_ Yes \_\_\_ No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CALIFORNIA LAW STATES THAT EACH STUDENT MUST HAVE AN EMERGENCY CARD ON FILE.**