INTERDISTRICT ATTENDANCE AGREEMENT

(Please Print)

Date of Request:		
Name of Parent/Legal Guardian:		
Home Street Address:	City	Zip
(Mailing Address):	City	Zip
Telephone: Home/Cell#	Work #	
School District of Residence:	Current School:	
School District of Desired Attendance:		

Student(s) Name	Date of Birth	Special Yes	

STATE SPECIFIC REASON FOR TRANSFER ON THE BACK OF THIS REQUEST

My signature indicates I have read this statement and understand the conditions that apply to the Interdistrict Attendance Agreement process. Interdistrict Attendance Agreements are initiated in the district of residence. Children may not be enrolled at a requested school until a Interdistrict Attendance Agreement has been approved by both districts. Approval is based on space availability. **Interdistrict Attendance Agreements are granted for one year only and must be re-submitted annually for reconsideration**. Transportation shall be the responsibility of the parent. Should an IAA request be denied at the district level, an appeal may be filed with the Nevada County Board of Education within 30 calendar days of the date the request was denied. (E.C. 46601) **Affidavit of Residency**: Under penalty of perjury, I attest that the above named student is living with me in my household at the above named address. I anticipate this student will remain in my household for the remainder of the current school year.

Signature of Parent/Legal Guardian	Date		
DISTRIC	T USE ONLY		
The Governing Board of the	School District ofCounty,		
	School District ofCounty,		
the second named district during the school year end	nile residing in the first named district, to attend school in ing June 30, 20 This agreement supersedes all prior e with Education Code Section 46616, the district of endance and not charge tuition.		
ACTION OF DISTRICT OF RESIDENCE	ACTION OF DISTRICT OF ATTENDANCE		
Board Action: Approved Denied	Board Action: Approved Denied		
By:	By:		

cc: Upon Approval by Both Districts:

Original *will be retained by the District of Attendance* who will be responsible for distribution of copies to: **District of Residence, School of Attendance, Parent/Guardian**.

Upon Denial, the denying district will notify the parents and the District of Residence if applicable.

Date:

PLEASE TURN OVER AND COMPLETE

Date:

STATE SPECIFIC REASON FOR TRANSFER REQUEST

Parent Must Complete if Request is Based on Childcare and/or Employment			
Childcare Provider's Name	Street Address/City	Phone	
Employer's Name	Street Address/City	Phone	