Date of Request:	
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## PETITION FOR STUDENT INTERDISTRICT ATTENDANCE

Submit application to the school district of residence

School Year Requested: to	)	This is an/a:	Initial stud	dent request	Renewal	of an agreement		
District of Residence: School District Requested:								
	STUD	ENT INFORM	MATION					
Student Name			Date of Birth					
Home Address			City	State		Zip Code		
Student's Current Grade Level			Student's Intended Grade Level					
Student's Current School of Attendance								
Is student currently designated as Special Education (IEP or have a 504			Plan)?		Y	es 🗌 No		
Is student currently under expulsion? If ye	es, provide date	:				es 🗌 No		
	REASON F	OR TRANSFE	R REQUEST					
Specific reason(s) allowed by law:								
	PARENT/GU	JARDIAN IN	FORMATION	ı				
Parent/Guardian Name			Email		Phone Number			
Home/Mailing Address			City	State		Zip Code		
PAI	RENT/GUARD	DIAN ACCEP	TANCE OF TE	RMS				
I understand that the mere act of completing t will be approved. I certify under penalty of perj for immediate denial or revocation of agreement	jury that the inform	nation I supplied	d is true and corre	ect and that falsif				
Signature of Parent/Guardian		Date		_				
	DISTRICT	RECOMME	NDATION					
District of Residence: Approved	d Denied	Receiv	ing School Dis	trict:	Approved	☐ Denied		
Verified Residency:	☐ No							
If denied, provide reason:		If denie	ed, provide reas	son:				
Signature of Administrator	Date	Signatu	re of Administr	rator		Date		
Print Name of Administrator	strator Print			ame of Administrator				

A denial by either school district may be appealed to the Imperial County Board of Education. A parent or legal guardian must file an appeal in writing by letter to the Imperial County Office of Education, 1398 Sperber Road, El Centro, CA 92243, within thirty (30) days of the denial. A district may require an appeal to the District Superintendent prior to an appeal to the Imperial County Board of Education.