WEAVER UNION SCHOOL DISTRICT

Intradistrict Attendance Agreement - School of Choice

The Weaver Union School District will try to accommodate requests made to the School of Choice Program. All assignments under this program are governed by space limitations. NO student currently residing within a school's attendance boundaries shall be displaced by another student transferring from outside the attendance boundary. Regular attendance and adherence to the rules of the school are necessary conditions for the continuance of the School of Choice Agreement. Any misrepresentations will result in exit from the School of Choice Program.

Name(s) of Child(ren)	Grade Level	Currently receiving Special	
		Education? (Y/N)	
Parent / Guardian Name:			
Home Address:			
(Street / Mailing)	(City)	(Zip Code)	
Home / Cell Phone #:	Work Phone #:	Work Phone #:	
Email Address:			
Are you an employee of the Weaver Union Schoo	l District? [] Yes [] No	
Reason for Intradistrict (School of Choice) Attende	<u>C</u>		
[] Childcare – Provide Name / Address & Pho	ne # of the Childcare Prov	ider	
THE PARENT AND WILL NOT BE PROVID School of Choice application is valid for current so	ED BY THE DISTRICT	•	
THE PARENT AND WILL NOT BE PROVID School of Choice application is valid for current so school year.	Chool year ending June 30,	20 and must be reissued each	
THE PARENT AND WILL NOT BE PROVID School of Choice application is valid for current so school year. Parent/Guardian Signature:	Chool year ending June 30,	20 and must be reissued each	
TRANSPORTATION TO AND FROM THE THE PARENT AND WILL NOT BE PROVID School of Choice application is valid for current so school year. Parent/Guardian Signature: Super [] Approved [] Disapproved	chool year ending June 30,	20 and must be reissued each	

Copy: School of Choice

Copy: Parent

Original: District Office

REV: March 2022