

**OROVILLE CITY ELEMENTARY SCHOOL DISTRICT**  
2795 Yard Street, Oroville, CA 95966-5113 • Phone: (530) 532-3000

**APPLICATION & AGREEMENT FOR ATTENDANCE IN ANOTHER DISTRICT (Form 11)**

Name of Student(s)	Date of Birth	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Name of Parent:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address of Residence:** \_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**School Currently Attending:** \_\_\_\_\_

Is your student currently expelled, on a suspended expulsion, or a discipline contract?  Yes  No

Programs your student participates in:  GATE  Band  Special Education (Speech, RSP, SDC, ASD, ED, etc.)

**APPLICATION**

I request that my child(ren) named above be permitted to attend \_\_\_\_\_ School in the \_\_\_\_\_ School District during the **2023-24** School Year.

Briefly state your reason for this request: \_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT**

In the event this application is approved, I agree and understand that:

1. The above-named student will be transferred back to his/her district of residence if facilities or programs become unavailable in the school the student is assigned to attend.
2. If the student demonstrates unsatisfactory attendance, scholarship, or citizenship, the approval may be cancelled.
3. Falsification or misrepresentation of information on this form constitutes grounds for refusal or cancellation of this permit.
4. The family will assume responsibility for all transportation for the above-named student(s) to and from school.
5. This agreement expires at the close of the current school year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

**RELEASE or DENIAL OF RELEASE BY DISTRICT OF RESIDENCE**

The above-named student(s) is  released  denied release by the Oroville City Elementary School District for attendance in the \_\_\_\_\_ School District.

Signed: \_\_\_\_\_ Title: Superintendent Date: \_\_\_\_\_

**ACCEPTANCE / DENIAL BY REQUESTED DISTRICT OF ATTENDANCE**

The above-named student(s) is  accepted for  denied attendance in the \_\_\_\_\_ He/She will be assigned to the \_\_\_\_\_ School.

Signed: \_\_\_\_\_ Title: Superintendent Date: \_\_\_\_\_

In addition to the conditions stated herein, this attendance agreement is subject to all the terms and conditions of the Interdistrict Attendance Agreement currently in effect between the above District of Residence and the District of Attendance. The District of Attendance is to receive the state apportionment for the Average Daily Attendance accrued in the same manner as if the student were a resident of the District of Attendance. No tuition shall be charged.