

Rincon Valley Union School District  
1000 Yulupa Avenue  
Santa Rosa, CA 95405  
707-542-7375  
Fax: 707-542-9802

---

**INTERDISTRICT ATTENDANCE APPEAL AND REQUEST FOR HEARING**

Must be filed within 30 calendar days of denial of request for interdistrict attendance permit or failure to issue a permit; must be submitted with a copy of the original request for interdistrict attendance permit and denial.

DATE: \_\_\_\_\_

TO: RINCON VALLEY UNION SCHOOL DISTRICT BOARD OF EDUCATION  
1000 Yulupa Avenue  
Santa Rosa, CA 95405  
Attn: Superintendent

In accordance with Education Code Section 46601 and the Rincon Valley Union School District Board of Education Policy and Administrative Regulation 5117, an interdistrict attendance appeal hearing is hereby requested.

(Please print or type; additional pages may be attached, if necessary)

Pupil's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

School Presently Attending or Last Attended: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

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

Telephone number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

School District of Residence: \_\_\_\_\_

School District of Desired Attendance: \_\_\_\_\_

Date *Request for Interdistrict Attendance Permit* submitted to District of Residence: \_\_\_\_\_

District Denying Request: \_\_\_\_\_ Date: \_\_\_\_\_

(Continued to Page 2)

What is/are your reason(s) for requesting an interdistrict attendance permit? (copy of *Request for Interdistrict Attendance Permit* must be attached)

What is your understanding of the reason your request was denied?

What have you done to appeal the decision to deny your request at the district level?

I certify that this information is true and correct to the best of my knowledge.

X \_\_\_\_\_  
Signature of Parent/Legal Guardian Date