

GUSTINE UNIFIED SCHOOL DISTRICT

1500 Meredith Avenue, Gustine, CA 95322

209/854-3784

Fax 209/854-9164

REQUEST and AGREEMENT FOR INTER-DISTRICT ATTENDANCE

This is to request an Inter-district Attendance Agreement for School Year: 20__ - 20__

Name of Student (Please Print)	Grade	Date of Birth	District of Residence	District Requested	School Requested

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Continue current placement | <input type="checkbox"/> Allow student to remain with class graduating from elementary, middle, or senior high school |
| <input type="checkbox"/> Complete current school year | <input type="checkbox"/> Attend/complete senior year |
| <input type="checkbox"/> Parent works locally (Attach proof of employment) | <input type="checkbox"/> Student will live out of district for one year or less |
| <input type="checkbox"/> Childcare needs (Attach Affidavit Form) | <input type="checkbox"/> Educational program not offered in district of residence |
| <input type="checkbox"/> Special Needs (physical, emotional or academic) | <input type="checkbox"/> Recommendation by SARB or social service agency |
| <input type="checkbox"/> Siblings currently attending | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Evidence of moving In/Out of district (Attach Verification) | |

Is your child eligible for or enrolled in Special Education? YES NO (if yes, check the provided service)

Special Day Class Resource Specialist Program (RSP) Speech/Language Adaptive P.E.

Does your child have a current 504 Student Accommodation Plan? Yes No

Is the student currently expelled from a school? YES NO If yes, from what school district? _____

PARTICIPATION IN SPORTS: If the pupil participates in any athletic program governed by the California Interscholastic Foundation (CIF), he/she may not be eligible to participate at the new school. Parent/guardian should check the CIF rules before submitting this application.

CONDITIONS FOR INTERDISTRICT ATTENDANCE. Any Violation of the following will be cause for revocation and/or nonrenewal:

- | | |
|---|---|
| • Transportation is the responsibility of the parent | • Satisfactory academic achievement; Minimum 2.5 GPA |
| • Accurate and true information on the permit application | • Any other condition provided by BP/ AR 5117 |
| • Regular attendance, 95% or higher attendance (including Tardies) | • Overcrowding (Note: Once accepted student may not be denied continued attendance for the duration of agreement) |
| • Appropriate student conduct as per expectations with the GUSD rules and regulations; Zero Suspensions for violations of EC48900 | • This agreement must be renewed each year |

If the transfer request has been denied, parents have the right to appeal to the county board of education within 30 calendar days from the date of the final denial. **Incomplete applications will not be processed.**

I hereby certify that I am the Parent, Legal Guardian, or Person Having Custody:

Printed Name: _____ Address: _____ City _____ Zip _____

Signed Name: _____ Home/Cell Phone: _____ Date: _____

To be completed by District of RESIDENCE

Approved Denied because _____

Date _____ Superintendent's Signature _____

To be completed by District of ATTENDANCE

Approved Denied because _____

Date _____ Superintendent's Signature _____

Gustine Unified School District will not reimburse district of attendance for Special Education services