

MARK TWAIN UNION ELEMENTARY SCHOOL DISTRICT
INTRADISTRICT ATTENDANCE REQUEST

This form is only for transfers within the Mark Twain Union Elementary School District. If you live outside the district, ask school secretary for Interdistrict Attendance Agreement form.

Student's Name _____ Grade _____ School Year _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Mandatory - District initiated transfer due to enrollment

FROM: Copperopolis Elementary School Mark Twain Union Elementary School

TO: Copperopolis Elementary School Mark Twain Union Elementary School

Reason for requesting reassignment:

NOTE: Approval of this request is for **one** school year at a time and is subject to the following conditions:

1. Space available at receiving school.
2. Transportation available on a space-available basis.
3. Compliance with the law and all school policies (especially those related to attendance and discipline).

Print Name - Parent/Guardian _____ Date _____

Signature - Parent/Guardian _____ Phone _____

Residence/Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Return this form to the principal of the school in your home attendance area.

Superintendent Signature: _____ Date: _____ Approved Denied

Principal Signature: _____ Date: _____ Approved Denied

Principal Signature: _____ Date: _____ Approved Denied

Reason for being denied: _____

Copies to: District Office Copperopolis Elementary Mark Twain Elementary Parent