

MARK TWAIN UNION ELEMENTARY SCHOOL DISTRICT  
PO Box 1359~Angels Camp, CA 95222  
209-736-1855~ FAX 209-736-6888

REQUEST FOR INTERDISTRICT ATTENDANCE AGREEMENT

It is the responsibility of the parent or guardian to request an Interdistrict attendance agreement every school year. Please complete the top section of this form sign and return to the school site.

I hereby request that my children residing in the \_\_\_\_\_ School District be permitted to attend the \_\_\_\_\_ School District during the \_\_\_\_/\_\_\_\_ school year.

**Allen Bill** ~ Reason for request: (Please be specific) \_\_\_\_\_

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| PUPIL(S) NAME (S) | GRADE | PUPIL(S) NAME(S) | GRADE |
|-------------------|-------|------------------|-------|
| _____             | _____ | _____            | _____ |
| _____             | _____ | _____            | _____ |

I understand that attendance is subject to compliance with the law and all school policies (especially those related to grades, attendance and discipline) and that this interdistrict attendance agreement may be revoked for failure to comply with the law or school policies.

INTERDISTRICT ATTENDANCE AGREEMENT

The first named district hereby grants the release of State and Federal Funds earned by said attendance to the second named district. This agreement is also subject to the following terms:

1. Compliance with the law and all school policies (especially those related to attendance and discipline).
2. Continuous academic achievement as demonstrated by maintenance of passing grades in all classes. Agreement may be revoked at the end of trimester due to failing grades.
3. This agreement is valid for one school year and must be renewed annually.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_ Phone\_(\_\_\_\_)\_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

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The above students are granted an interdistrict agreement through June 30, \_\_\_\_\_ in accordance with the Education Code. This Interdistrict Attendance Agreement may be revoked for failure to comply with the law or school Policies.

APPROVED     DENIED

APPROVED     DENIED

DISTRICT OF RESIDENCE

DISTRICT OF ATTENDANCE

\_\_\_\_\_

\_\_\_\_\_

Board Action Date \_\_\_\_\_

Board Action Date \_\_\_\_\_

COPYS TO: School of Attendance District Office of Attendance

District of Residence      Parent