

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.

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

o **Allen Bill** ~ Reason for request: (Please be specific)_____

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 _____

RESIDENCE ADDRESS _____

SUPERINTENDENT'S SIGNATURE _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____

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.

DISTRICT OF RESIDENCE _____
BY _____
Board Action Date _____

DISTRICT OF ATTENDANCE _____
BY _____
Board Action Date _____

COPY TO: School of Attendance District Office of Attendance District of Residence Parent