



**Coast Unified School District**  
**Student Services**  
 3223 Main Street  
 Cambria, CA 93428  
 805.927.4400 805.927.6753 fax

Office Use Only: Date Received:  Signature: _____
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**INTERDISTRICT ATTENDANCE APPLICATION/ALLEN BILL**

Part A: PARENT REQUEST – *Please Print – One application per student*

School Year Requested: \_\_\_\_\_  New Application  Renewal  
 District of Residence (*where you live*): \_\_\_\_\_ District of Attendance (*district you are requesting*): \_\_\_\_\_

STUDENT NAME <i>Please print.</i>	BIRTHDATE	Sp Ed or 504 Plan? ( <i>If yes, which.</i> )	AGE	SCHOOL & GRADE <i>(For year requested)</i>
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Reason for Transfer (*If because of employment, please include name and address of employer in explanation*):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent(s) or Guardian (Please print) \_\_\_\_\_ Home Address \_\_\_\_\_  
 Phone: Home/Work/Cell \_\_\_\_\_ Mailing Address \_\_\_\_\_

*I have read, understand and have retained the attached information sheet labeled  
 "Information on Interdistrict Attendance Agreements"*

Signature of Parent or Guardian \_\_\_\_\_ Signature of Custodial Parent or Guardian \_\_\_\_\_

Part B: APPROVAL OR DENIAL BY DISTRICT OF RESIDENCE

This request for transfer is approved by Superintendent or designee of the district of residence.  
 Approval is for a period of \_\_\_\_\_ years, and expires on \_\_\_\_\_. Reason for Transfer: \_\_\_\_\_  
 This request for transfer is denied. \_\_\_\_\_  
 \_\_\_\_\_  
 District Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_

Part C: APPROVAL OR DENIAL BY DISTRICT OF ATTENDANCE

This request for transfer is approved by the Governing Board of the district of attendance.  
 Approval is for a period of \_\_\_\_\_ years, and expires on \_\_\_\_\_.  
 This request for transfer is denied.  
 \_\_\_\_\_  
 District Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_

***PLEASE KEEP THIS SHEET FOR YOUR INFORMATION  
DO NOT RETURN IT TO THE DISTRICT OFFICE***

***INFORMATION ON INTERDISTRICT TRANSFER AGREEMENTS***

*Education Code 46600*

The agreement shall stipulate the terms and conditions which interdistrict attendance shall be permitted or denied.

*Conditions for approval and denial*

A. Approval of interdistrict transfers is based on compliance with the following conditions:

1. Regular attendance
2. Satisfactory citizenship
3. Transportation provided by the family

B. Requests for interdistrict attendance agreement may be denied by the Superintendent or designee for the following reasons:

1. Transfer would result in excess costs to the district
2. The student's attendance would adversely impact the maintenance of class size standards, or increase district facility costs
3. The student has a record of poor attendance or behavior

*Coast Unified School District/Board Policy 5117/Students/Interdistrict Attendance*

The Governing Board recognizes that students who reside in one district may choose to attend school in another district and that such choices are made for a variety of reasons. The Board desires to communicate with parents/guardians and students regarding the educational program and services that are available in the district. The Superintendent or designee may approve interdistrict attendance agreements with other districts on a case-by-case basis to meet individual student needs. The interdistrict attendance agreement shall not exceed a term of five years and shall stipulate the terms and conditions under which interdistrict attendance shall be permitted or denied. The Superintendent or designee may deny applications for interdistrict transfers because of overcrowding within district schools or limited district resources. (cf. 5117 – Interdistrict Attendance Agreements) (Ed. Code 46600-46611 Interdistrict Attendance Agreements)

*Coast Unified School District/Administrative Regulation 5117.1/Students/Interdistrict Attendance*

A. The Superintendent or designee may approve interdistrict attendance permits for the following reasons:

1. To meet the child care needs of a student, K-8. Once a permit has been issued based on child care needs, a student in grades K-6 shall not be required to reapply for an interdistrict transfer as long as the student continues to receive child care in the district. When another district's elementary school that feeds into this district has permitted the attendance of a student based on his/her child care needs, the student may be allowed to attend district schools through 12th grade. Such students may be allowed to continue to attend district schools only as long as they continue to use a child care provider within district boundaries. (Education Code 46601.5)
2. To meet a child's special mental or physical health needs as certified by a physician, school psychologist, or other appropriate school personnel (cf. 6159 – Individualized Education Program).
3. To allow a student to complete a school year when his/her parents/guardians have moved out of the district during that year
4. To allow students to remain with a class graduating that year from an elementary, junior, or senior high school
5. To let high school seniors attend the same school they attended as juniors, even if their families moved out of the district during the junior year
6. When the parent/guardian provides written evidence that the family will be moving into the district in the immediate future and would like the student to start the year in the district
7. To provide a change in school environment for reasons of personal and social adjustment when mutually agreed upon by the superintendent and principal of the student's current school and an authorized representative of the school the student would otherwise attend.
8. When at least one parent or the legal guardian of the student is physically employed within the boundaries of the district. Such students may be allowed to continue to attend district schools only as long as at least one parent or legal guardian of the student is physically employed by an employer situated within the attendance boundaries. (Education Code 48204.5b, 7)

B. A student's interdistrict agreement may be revoked because of excessive truancy or continual disruption of the educational program. (cf. 5144 – Discipline)

C. Transportation shall not be provided for students attending on an interdistrict agreement. (cf. 3250 – Transportation Fees) (cf. 3540 – Transportation)

*If your student is denied a transfer by either the District of Residence or the District of Attendance you have a right to appeal to the San Luis Obispo County Office of Education at 805-446-8181. This is your advice of that right. (Ed. Code 46601)*

If, within 30 calendar days after the person having legal custody of a pupil has so requested, the governing board of either school district fails to approve the interdistrict attendance in the current term, or, in the absence of an agreement between the districts, fails or refuses to enter into an agreement, the district denying the permit, or in the absence of an agreement, the district of residence, shall advise the person requesting the permit of the right to appeal to the county board of education.



Coast Unified School District
3223 Main Street
Cambria, CA 93428
805.927.4400 FAX: 805.927.6753

INTERDISTRICT PERMIT WORK & CHILDCARE VERIFICATION FORM
FOR MULARIO INTER DISTRITO PERMISO DE TRABAJO & VERIFICACION DE CUIDADO INTANTIL

Name of Student/Nombre del Estudiante

School District Requested/ Distrito Escolar Requerido

Parent/Guardian Name
Nombre del Padre/Guardián

Parent/Guardian Signature
Firma del Padre/Guardián

Date
Fecha

A. Employment Verification (for employment related permit complete section below)
Verificación de Empleo ( para permisos relacionados con empleo complete la sección abajo)

Place of Employment ( Lugar de Empleo)

Days of Employment(días de empleo)

Hours of Employment (Horas de empleo)

Street Address/ Dirección

City / Ciudad

Phone/ Teléfono

I hereby certify that the above stated employment information is accurate/ Por intermedio de esta certifico que la información provista arriba es correcta

Employer Name/ Nombre del Empleador

Title/Título

Employer Signature/ Firma del Empleador

Date/Fecha:

B. Childcare (K-8) Verification (for childcare related permit complete section below)
Verificación de Cuidado Infantil ( para permiso relacionado con el cuidado infantil complete la sección abajo)

Childcare Provider Name/ Nombre del proveedor de cuidado Infantil

Days of Childcare/ Días de cuidados de niño

Hours of Childcare/ Horas de cuidado Infantil

Street Address/ Dirección:

City/Ciudad

Phone/Teléfono

I hereby certify that I provide childcare on school days for the above named child.

Yo por intermedio de esta certifico que proveo cuidado infantil para el niño(a) mencionado arriba

Childcare Provider Signature/ Firma del proveedor de cuidado infantil

Date/Fecha

Please note: Signers of verifications will be called to complete the verification process.
Por favor note: los que firmen la verificación serán llamados para completar el proceso de verificación