



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

1755 Airport Blvd. Red Bluff, CA 96080

(530)527-7200 Fax (530)527-9308

INTRADISTRICT ATTENDANCE AGREEMENT REQUEST

FOR \_\_\_\_\_ SCHOOL YEAR

To: Superintendent

\_\_\_\_\_ Today's Date

I herewith request that my child(ren), indicated below, be allowed to attend \_\_\_\_\_ School. We currently reside in the \_\_\_\_\_ School attendance area. If this request is approved, it is my understanding that transportation will not be provided.

I make this request for the following reason(s): \_\_\_\_\_

Individual Education Program (IEP):  Yes  No

<u>(Please Print)</u> <u>Student(s) Names</u>	<u>Name of school</u> <u>currently enrolled</u>	<u>Present</u> <u>grade</u>	<u>Grade level for</u> <u>year requested</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Continued attendance at school of request is contingent upon:

\_\_\_\_\_ Availability of space    \_\_\_\_\_ Reasonable attendance    \_\_\_\_\_ Reasonable behavior

\_\_\_\_\_ Parent or Guardian's signature

\_\_\_\_\_ Mailing Address – please print

\_\_\_\_\_ Physical Address – please print

\_\_\_\_\_ Parent or Guardian's name – please print

\_\_\_\_\_ Home phone

\_\_\_\_\_ Cell phone

Approved

Disapproved

\_\_\_\_\_ Principal's signature-sending school

\_\_\_\_\_ Date

Approved

Disapproved

\_\_\_\_\_ Principal's signature-receiving school

\_\_\_\_\_ Date

Approved

Disapproved

\_\_\_\_\_ Superintendent

\_\_\_\_\_ Date

Mailed to Parents/Guardian on \_\_\_\_\_