

INTERDISTRICT ATTENDANCE AGREEMENT

Salinas Union High School District

Pupil Personnel Services
20 Sherwood Place, Salinas, CA 93906
(831) 796-6964 / veronica.zavala@salinasuhd.org



School Year 20____ - 20____

SPED New Renewal

(Please Print Clearly)

SCHOOL REQUESTED: _____ in the _____ DISTRICT

SCHOOL OF RESIDENCE: _____ in the SALINAS UNION HIGH SCHOOL DISTRICT

STUDENT: _____
Last Name First Name M.I. Birthdate Grade

ETHNICITY:

Hispanic White Black Asian American Indian/Alaskan Native Filipino Pacific Islander

SPECIFIC REASON FOR REQUEST *(Please provide appropriate documentation which supports the request rationale):*

- Recent/Pending Move Special Program _____
 Family Continuity Parent Employment _____
 Other *(Please attach explanation)* Child Care (Grade 7 or 8 only) _____
 Best Interests of Student _____

- The student may not be enrolled at the requested school until the Interdistrict Attendance Agreement (IDA) is approved by both school districts.
- For students currently in grades 7-10 the IDA is valid for the current school year only, and may be revoked by the receiving district at any time during the school year due to overcrowded classroom conditions or the unsatisfactory attendance, academic progress or behavior of the student.
- Parents/guardians of students currently in grades 7-10 must submit an IDA annually to be considered for continued enrollment.
- Existing IDA's shall not be rescinded for students currently in grades 11 or 12.
- Parents/guardians are responsible for transportation.

My signature indicates that I have read the statement above and understand the conditions which apply to the IDA process.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Parent/Guardian Name *(Please Print Clearly)*: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Email: _____

(The following section to be completed by District personnel)

Pursuant to the provisions of California Education Code Section 46600, the undersigned member(s)/designee of the governing board of the Salinas Union High School District, Monterey County, California, do hereby approve/deny the pupil listed above and residing in said district to attend school in the _____ School District for the 20____ - 20____ school year.

Salinas Union High School District	_____ School District
Member/Designee Signature _____ Title _____	Member/Designee Signature _____ Title _____
<input type="checkbox"/> Approve <input type="checkbox"/> Deny Date: _____	<input type="checkbox"/> Approve <input type="checkbox"/> Deny Date: _____
Date of Board Approval: _____	Approval/Denial Rationale: _____
Approval/Denial Rationale: _____	_____

Information/Instructions

Pursuant to education code 46600 parents living in the Salinas Union High School District (SUHSD) attendance area who request that their student(s) be permitted to attend a school in another district must complete a **SUHSD Interdistrict Attendance Agreement**. Forms are provided by and returned to the SUHSD Pupil Personnel Services office for approval.

Transfers from another school district to a school in the SUHSD attendance area must be initiated in the student's district of residence using that district's request for interdistrict transfer form.

Applications will be considered according to the following criteria:

1. To meet the childcare needs of students in the seventh and eighth grades.
2. To meet a child's special mental or physical health needs as certified by a physician, school psychologist or other appropriate school personnel.
3. When a student has a sibling(s) attending school in the receiving District, to avoid splitting the family's attendance.
4. To allow a student to complete a school year when his/her parents/guardians have moved out of the District during that year.
5. To permit 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 to the District in the immediate future and would like the student to start the year in the District.
7. When a student will be living out of the District only for one year or less.
8. When recommended by the School Attendance Review Board or by county child welfare, probation or social service agency staff in documented cases of serious home or community problems which make it inadvisable for the student to attend the school of residence.
9. When there is valid interest in a particular educational program not offered in the District of residence.

All supporting documentation should be enclosed with the original request. This will, in most cases, help expedite the process.

The Director of the Pupil Personnel Services Office will review each request and make a decision based on District criteria. Parents will usually be notified within two weeks if all necessary information was provided and verifications can be completed within that time frame.

The Parent/guardian of a student denied the Interdistrict Attendance Agreement may appeal to the SUHSD Superintendent or designee by calling 796-6964.

Parents/guardians must be aware that if the Interdistrict Transfer Request is approved, they will be responsible for transportation.