



Tehama County Schools  
Tehama County Department of Education

**INTERDISTRICT ATTENDANCE REQUEST FOR THE \_\_\_\_\_ SCHOOL YEAR**

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Current District of Residence

\_\_\_\_\_  
Address, City, Zip

\_\_\_\_\_  
District Student Desires to Attend

\_\_\_\_\_  
Phone number(s)

\_\_\_\_\_  
Name of School Currently Enrolled

\_\_\_\_\_  
Parent or Guardian (please print)

\_\_\_\_\_  
Present Grade Level:

\_\_\_\_\_  
Grade Level for Requested Year:

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date of Birth:

\_\_\_\_\_  
IEP: \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Special Program(s) assigned:

\_\_\_\_\_  
State Reason for Request:

\_\_\_\_\_  
(Use additional sheets if necessary)

**For Office Use Only**

The Governing Board of the \_\_\_\_\_ School District of Tehama County and the \_\_\_\_\_ School District of \_\_\_\_\_ County agree to permit the student(s), while residing in the first-named district, to attend school in the second-named district during the school year ending \_\_\_\_\_, on the following terms:

1. District of attendance accrues ADA for its revenue limit and Foundation Program. No tuition will be charged the district of residence.
2. Under terms of a general agreement between the two districts a copy of which shall be filed with the County Superintendent of Schools.
3. Under terms of a special agreement as attached.
4. Transportation will not be provided, not will in-lieu transportation be paid.

**ACTION OF DISTRICT OF RESIDENCE**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date of Action \_\_\_\_\_  
\_\_\_\_\_  
Signature of Superintendent

**ACTION OF DISTRICT WHERE STUDENT DESIRES TO ATTEND**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date of Action \_\_\_\_\_  
\_\_\_\_\_  
Signature of Superintendent

If the interdistrict request is denied by either district, an appeal may be made to the County Board of Education within 30 days of the denial.