

TEHAMA COUNTY DEPARTMENT OF EDUCATION

INTERDISTRICT ATTENDANCE REQUEST APPEAL

(Appeal must be filed within 30 calendar days of the failure or refusal of the Interdistrict Attendance Request)

	AddressPhone
	Student's Name Grade
	School Currently Attending
	School Currently Attending
	District of Residence
	District in which attendance is desired
	School School Year
	District denying the Interdistrict Attendance Request
	District of Residence District Selected to Attend Date of Denial (Please attach copy of letter of denial.)
	Date of Denial (Please attach copy of letter of denial.)
	Reason(s) for Request: Attach additional sheets if necessary. This form should be
	accompanied by any letters from your district of residence regarding your request, any
	letters from the denying district regarding your request; and any other supporting
	documentation you want the County Board to consider.
	The reason(s) for your appeal must be the same as those stated on your original reques
	for an interdistrict agreement. If the reasons on the appeal are substantially different, you
	may be asked to reapply for an interdistrict transfer with your district of residence.
	Date: Signature
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	original application by the school district governing board.
<u>Of</u>	fice Use Only
	Receipt of a copy of the foregoing is admitted this day of
	receipt of a copy of the folegoing is admitted this day of
	DICHARD DIVARNEY County Consider and and