

Mt. Pleasant Elementary School District
 3434 Marten Avenue, San Jose, CA 95148
 Phone (408) 223-3710 Fax (408) 223-3715

() New () Renewal

REQUEST FOR INTERDISTRICT ATTENDANCE

School Year _____ District Requested _____
 Parent/Guardian's Name _____ Home Phone _____
 Address _____ Zip Code _____ Work/Cell Phone _____

Student Name	Grade Requested	School Requested	Current School	Assigned School
List any students above enrolled in Special Education:			Circle those that apply.	
Name: _____		Special Day Class	Resource Specialist	Speech
Name: _____		Special Day Class	Resource Specialist	Speech

REASON FOR THE REQUEST

Please check one or more of the reasons listed below:

() **CHILD CARE RELATED:**
 Name of provider: _____
 Address _____ Telephone Number _____

() **EMPLOYMENT RELATED-ALLEN BILL** (*letter from employer must be attached*)
 Name of employer _____
 Address _____ Telephone Number _____

() **OTHER:**

In making this request, I understand the following conditions: 1) approval by both districts is required and granted on space availability; 2) the district requested may investigate the student's attendance, behavior and academic records before acting on the request; 3) if granted, this permit will be *valid for the current school year only* and will remain in force only if the student meets the attendance, behavior and academic requirements of the district requested and must be renewed each school year; 4) if the permit is granted, the student and parent/guardian will be expected to cooperate with school personnel; 5) if the permit is granted, the parent/guardian will be responsible for the student's transportation to and from school; 6) if the request is denied by the district, and all appeal rights have been exhausted in the district, I have the right to appeal the decision to the Santa Clara County Board of Education. If this transfer form is incomplete or the information is falsified, it will automatically be denied. I hereby certify that the student and parent/guardian information provided above is accurate and that I understand and agree to the above stated conditions.

Signature of Parent/Guardian _____ Date: _____

MT. PLEASANT SCHOOL DISTRICT: () Approved () Denied Date: _____ Authorized Representative _____	DISTRICT REQUESTED: () Approved () Denied Date: _____ Authorized Representative _____
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