

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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