

INTERDISTRICT ATTENDANCE AGREEMENT
(Please Print)

Date of Request: _____
Name of Parent/Legal Guardian: _____
Home Street Address: _____ City _____ Zip _____
Mailing Address: _____
Telephone: Home _____ Work _____
School District of Residence: _____ School Currently Attending: **Union Hill School**
School District of Desired Attendance: **Union Hill School District**

Name of Student(s) for whom request is being made:

Name	Special Ed?		Grade for School Year of Transfer
	Yes	No	

STATE SPECIFIC REASON FOR TRANSFER ON THE BACK OF THIS REQUEST

My signature indicates I have read this statement and understand the conditions which apply to the Interdistrict Agreement process. Interdistrict Agreements are initiated in the district of residence. Children may not be enrolled at requested schools until Interdistrict Agreements are approved by both districts. Approval is based on space availability. **Interdistrict Agreements are granted for one year only and must be resubmitted annually for reconsideration.** Transportation shall be the responsibility of the parent. Should an interdistrict request be denied at the district level, an appeal may be filed with the Nevada County Board of Education within 30 calendar days of the date of request was denied. (E.C. 46601)

Signature of Parent/Legal Guardian _____
Date

DISTRICT USE ONLY

The Governing Board of the _____ School District of Nevada County, and the Governing Board of the **Union Hill** School District of **Nevada** County, hereby agree to permit the within named pupil(s), while residing in the first named district, to attend school in the second named district during the school year ending June 30, 2020. This agreement supersedes all prior Interdistrict Attendance Agreements. In accordance with Education Code Section 46616, the district of attendance shall be credited with the average daily attendance and not charge a tuition.

ACTION OF DISTRICT OF RESIDENCE
Action: **Approved** _____ **Denied** _____
By: _____
Date: _____

ACTION OF DISTRICT OF ATTENDANCE
Action: **Approved** _____ **Denied** _____
By: _____
Date: _____

cc: **Upon Approval by Both Districts:**
Original will be retained by District of Attendance who will be responsible for distribution of copies to:
District of Residence, School of Attendance, Parent
Upon Denial, the denying district will notify the parents and the District of Residence if applicable.

UNION HILL SCHOOL DISTRICT

INTER-DISTRICT ATTENDANCE AGREEMENT BEHAVIOR CONTRACT

Name of Student _____ Grade _____

Parent/Guardian _____

District of Residence _____ School Year _____

We, parent and student, agree to the following terms in order to attend Union Hill Middle School on an inter-district agreement for the school year.

1. Follow all school rules.
2. No more than three (3) unexcused absences or tardies. (Report to class on time.)
3. Maintain a 2.0 grade point average with no more than one F for the school year.
4. Maintain a positive and respectful attitude toward all adults on campus.
5. Complete schoolwork, be on task, and do not disrupt others' learning.
6. Respond in a positive manner to school officials' requests.
7. Parent will provide a means for communication during school hours and activities.

If the named student does not follow the terms of this contract the inter-district attendance agreement may be immediately terminated and the student may be withdrawn from Union Hill Middle School.

We, parent and student, also understand that by maintaining the terms of the contract, we can expect Union Hill Middle School to provide all of the opportunities granted students residing within and attending the Union Hill School District.

I have read and understand the foregoing and agree to the terms of the contract.

Student Signature

Student Printed Name

Parent/Guardian Signature

Parent/Guardian Printed Name

Phone # during school hours

(Other) Phone # during school hours

Administrator Signature

Date