

El Nido Elementary School District

161 E.El Nido Rd. El Nido, CA 95317
Phone: 209-385-8420 Fax: 209-723-9169



INTERDISTRICT ATTENDANCE AGREEMENT

For school year 20____ - 20____ Date of Request: _____ New Renewal Reference # _____

Student Name	Date of Birth	Grade (for year requested)	Expelled or under expulsion?	Has or is receiving Special Ed Services

Preferred/Requesting District and School: _____

Parent/Guardian Name: _____ Phone/Cell Number: _____

Address: _____ Email Address: _____

Explain the reason(s) for the request for an interdistrict transfer (you may attach additional pages).

If the reason is work or child care related, please state employer or child care provider's name, address and phone number. (This information may be verified by the El Nido Elementary S.D).

Employer or Child Care Provider: _____

Address: _____ City: _____ Zip: _____ Phone Number: _____

TERMS AND CONDITIONS

- My signature below indicates that I have read this statement and understand the conditions which apply through the Interdistrict Agreement process of the identified districts.
- Children will not be enrolled at a requested school until Interdistrict Agreements are approved by both districts and after it is determined that space is available in the requested grade, program, and/or school.
- Interdistrict Agreements may be canceled at any time during the school year due to enrollment rates or due to unsatisfactory attendance, academic progress (student must maintain a 2.0 GPA), and no discipline problems.
- Providing incorrect information will cause this request to be revoked.
- Parents/Guardians are responsible for transportation.
- Interdistrict Transfer Agreements are good for (1) year and must be renewed annually. Parents/Guardians must resubmit an Interdistrict Transfer Agreement Request each year for reapproval, prior to their student re-enrolling in the requested school each Fall.
- Approval is subject to space availability in the district of desired attendance and may not be at the requested school site.

Parent/Guardian Signature: _____ Date: _____

-Office Use Only-

<p style="text-align: center;">DISTRICT OF RESIDENCE El Nido Elementary School District Decision: <input type="checkbox"/>Approved <input type="checkbox"/>Denied* Date: _____</p> <p style="text-align: center;">_____ <i>Signature – Authorized Representative</i></p> <p style="text-align: center;">Terms: <u>MUST RENEW ANNUALLY</u></p>	<p style="text-align: center;">DISTRICT OF DESIRED ATTENDANCE School District: _____ Decision: <input type="checkbox"/>Approved <input type="checkbox"/>Denied* Date: _____</p> <p style="text-align: center;">_____ <i>Signature – Authorized Representative</i></p> <p style="text-align: center;">Terms: This permit may be revoked by the District of Attendance for violation of stated terms & conditions of the agreement.</p>
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*If denied or no action taken within 30 days, parent/guardian has the right to appeal to the El Nido Board of Education within 30 days of the denial date or failure to issue an IDT permit/agreement. (209) 385-8420.