For School Year For Grade New Student ORLAND UNIFIED SCHOOL DISTRICT -1175481 □ Continuing REQUEST FOR INTERDISTRICT ATTENDANCE Use a separate form for each child. Please type or print. See reverse for parent's rights. Complete Steps 1 & 2 STEP 1 - PARENT/GUARDIAN complete section 1 and 2, then return all copies to school district of residence. Birthdate: Student's Name: School District of Residence: Check the reason/s for requesting interdistrict attendance. Attach a written explanation or documentation where requested. Reason for Request: ☐ Child care (Name, address and phone number of provider): □ Specialized or unique educational program (Describe): □ Change in social environment (Attach explanation) □ Mental or physical health and/or safety needs (Attach statement from physician, psychologist, juvenile authority, or appropriate school staff) □ Recommended by SARB or county agency for home or community problems (Provide written documentation) □ Complete current school year or remain with a graduating class ☐ Moving into district in the immediate future (Provide written evidence) □ Sibling attending (Name, grade and school): Does this student receive special education or other special services? Yes No If yes, list program or service: Is this student currently under an expulsion order? If yes, attach copy PARTICIPATION IN SPORTS: If the student participates in any athletic program governed by the California Interscholastic Foundation (CIF), he/she may not be eligible to participate at the new school. Parent should check CIF rules before submitting this application. Name of Parent/Guardian: Address: I declare, under penalty of perjury under the laws of California, that the information provided above is true and accurate. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. I understand that the interdistrict attendance permit must be renewed annually. I understand that I am responsible for the transportation of my student. I further understand that, to maintain this permit, my student must comply with any terms and conditions set forth below and the academic, behavior and attendance policy requirements of the district of desired attendance. (Signature of Parent/Guardian) Date: STEP 2 - CONSULTATION WITH SCHOOL PRINCIPAL - Please call the appropriate school to make an appointment. OHS: (530) 865-1210; C.K. Price: (530) 865 1225; Fairview: (530) 865-1235; Mill Street: (530) 865-1240 Parent has discussed this request with ______, Principal of ______ School(s) Principal to complete – Check all that apply: n Parent has visited the school site Parent has reviewed instructional materials/curriculum offered at the school □ Parent has discussed the following concerns: Principal Signature: STEP 3 -ORLAND UNIFIED SCHOOL DISTRICT completes and forwards all copies to school district of desired attendance. Date Received: **ACTION OF DISTRICT OF RESIDENCE:** □ Approved – Terms and Conditions: □ Denied – Reason:

STEP 4 - SCHOOL DISTRICT OF DESIRED ATTENDANCE completes and distributes copies as indicated below.

ACTION OF DISTRICT OF DESIRED ATTENDANCE:

Date Received:

□ Approved – Terms and Conditions:

□ Denied – Reason:

(12/09)

(Signature and Title of Authorized Representative)