

JEFFERSON SCHOOL DISTRICT

1219 Whispering Wind Drive
Tracy, CA 95377
Phone (209) 836-3388

INTRADISTRICT ATTENDANCE REQUEST

For School Year _____

Parent/Guardian Name _____ Relationship to student _____

Complete residence address _____ Home telephone _____ Work telephone _____

Student Name	Birth Date	Current Grade	Requested School	Present School	Zoned School

One Form Per Student

I request permission for my child to attend the requested school in the Jefferson School District for the following reason(s) (continue on back if needed):

Is your child receiving Special Services? _____ SDC RSP Speech (circle)

Other children enrolled

in Jefferson School District Name _____ Grade _____ School _____
Name _____ Grade _____ School _____
Name _____ Grade _____ School _____

Parent/Guardian Signature: _____ Date: _____

IF THIS APPLICATION IS APPROVED, I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS:

1. Transportation will be provided for students attending on an intradistrict attendance agreement when the district administration initiates the transfer. **However, when the parent initiates the request, he/she will be expected to provide his/her own transportation.**
2. This agreement is subject to revocation for violations of State school laws, as well as District rules and regulations.
3. This is a temporary attendance agreement that is contingent upon, but not limited to, the attendance, behavior, and academic achievement of the student involved, space availability, and continuance in specialized program.
4. Once this agreement is approved, the student is expected to remain in the school of choice for a minimum of one school year and annual reapplication is not necessary.
5. An Intradistrict Attendance Agreement for one member of a family does not dictate automatic attendance agreement for other family members.

NOTE: If your request is not approved, you may appeal the decision to the Superintendent by contacting the Jefferson School District office at 836-3388.

When completed, this form should be returned to any school site office or Jefferson School District Office, 1219 Whispering Wind Drive, Tracy, CA, 95377.

DISTRICT ACTION:	APPROVED _____	DENIED _____
Date: _____	Superintendent's Signature: _____	

This approval acknowledges transfer of schools only and does not necessarily indicate agreement with the reason(s) stated above.