



KEYES UNION SCHOOL DISTRICT
 5680 7th Street
 PO Box 310
 Keyes CA 95328
 (209) 669-2921
 Fax (209) 669-2923

**REQUEST AND AGREEMENT FOR INTERDISTRICT ATTENDANCE
REQUEST FORM**

TO THE GOVERNING BOARD OF THE

_____ School District and the
 (Requested School to Attend) (District of Attendance)

_____ School District and the
 (Name of School Attending Now/Or Last Attended) (District of Residence)

This is to request permission for the following pupils:

_____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

To attend school in the first named district while residing in the second named district for the following reasons:

Has your child ever, or does he/she now require special services? (i.e. Special Education, Title 1) YES ___ NO ___

If YES, Please Complete:

School Year _____ School District where served: _____

Type of services received: _____

I hereby certify that I am the _____
 (Parent, Legal Guardian)

Signature _____ Date _____ Street Address/Mailing Address _____

Work Phone Number _____ Home Phone Number _____ City _____ State _____ Zip _____

AGREEMENT

The Governing Boards of the School Districts above named hereby agree to permit the attendance of the pupils as requested above for the school year _____ - _____ subject to the following terms.

- Contingent on space available, regular attendance, proper school behavior, positive attitude toward learning.
- Transportation will not be provided.
- Incoming Interdistrict Agreements which are approved will remain valid unless/until special services resulting in excess cost to Keyes Union School District are incurred. This agreement will be re-evaluated at that time.

DISTRICT OF ATTENDANCE: Date: _____ DISTRICT OF RESIDENCE: Date: _____

Agreement Approved: _____ Denied: _____ Agreement Approved: _____ Denied: _____

_____ School District _____ School District

By: _____ By: _____

DISTRIBUTION:

Copy – Dept. of Ed. Business Office Copy – District of Attendance Copy – District of Residence Copy- Parent



Keyes Union School District
5680 Seventh Street • P. O. Box 310 • Keyes, CA 95328
Phone (209) 669-2921 • Fax (209) 669-2923

TO: All Interdistrict Transfer Applicants
FROM: Cynthia Schaefer, Superintendent
SUBJECT: Interdistrict Transfer Approvals

The Keyes Union School District Board of Trustees will only approve the following requested Interdistrict Transfer Agreements:

1. Allen Bill (mandated) standards for employment requirements. The District will verify required documentation.
2. Childcare for students. A Childcare Affidavit is required and will be verified.
3. Interdistrict Transfer Agreement requests received *after* January of each year will be *considered* to be granted for the remainder of the current school year only for students who have just moved into the district and wish to remain in their current school to complete the school year. Interdistrict Transfer Agreements will be denied for the following school year for these students.

If the request is for any other reason, the Keyes Union School District Board of Trustees will deny the Interdistrict Transfer request.

We look forward to serving your children at Keyes Union School District.

Respectfully,

A handwritten signature in cursive script that reads 'Cynthia Schaefer'.

Cynthia Schaefer
Superintendent