

WILLIAMS UNIFIED SCHOOL DISTRICT

P.O. Box 7 – 260 11th Street, Williams, CA 95987 (530) 473-2550 FAX (530) 473-5894

____ **NEW Request**

____ **Continuing Request**

INTER-DISTRICT AGREEMENT

Education Code 46600 and 46601

This form must be completed on an annual basis.

School Year Requested: _____ - _____

Date: _____

Student's Name: _____
First (Please Print) Last

Grade Level: _____ Age: _____

Parent/Guardian Name: _____
First (Please Print) Last

Residence Address: _____
Address City

Mailing Address (if different): _____
Address City

Parent/Guardian Telephone Number: _____
Home Business

1. **School District of Residence:** _____

2. **Requested School District to Attend:** _____
Did your child previously attend school in requested district above? _____ If yes, how long? _____

3. Is the student currently under an expulsion or discipline contract? _____

Reason for Request: _____

Does Parent/Guardian work in Requested District? _____ Does Parent/Guardian use childcare in Requested District? _____

If yes, list place of employment/childcare facility: _____

I understand that an Inter-district Attendance Agreement is conditional upon: 1) The student obeying rules and maintaining good attendance, good citizenship and passing all courses. 2) Class sizes not exceeding maximum allowed by statute or contract. The student is subject to change to another school or termination of the agreement if any of these conditions occur. Transportation is the responsibility of the parent/student.

Signature of Parent/Guardian

****Only New Requests – Meet with the WUSD principal of the school that your child should be attending and discuss with them the program options and tour the school. The principal will have to sign this document as verification.**

Principal's Signature

Date

For Official Use Only

ACTION OF DISTRICT OF RESIDENCE		ACTION OF RECEIVING DISTRICT	
____ Approved	____ Denied	____ Approved	____ Denied
_____ Name	_____ Date	_____ Name	_____ Date

____ Copy – Parent/Guardian

____ Copy – District of Residence

____ Copy – District of Attendance