



Eastside Union School District

45006 30th Street East
Lancaster, California 93535
(661) 952-1200 FAX (661) 952-1232

INDIVIDUAL INTERDISTRICT ATTENDANCE AGREEMENT [E.C. 46600-46611]
SCHOOL YEAR 2019-2020

Please complete this form when requesting an interdistrict transfer to a school which is **not** located within the Eastside Union School District.

Name of Pupil(s): _____ Age: _____ Date of Birth: _____ Grade: (2019-20) _____

Name of Parent/Guardian (Please Print) _____
Address: _____ Home Phone Number: _____
Work/Cell Phone Number: _____

School of Residence _____
Student is presently enrolled in _____ School.
Is child receiving special education services? _____ Yes _____ No
If yes, what type of services? _____
(Special services at no cost to District of Residence)

REQUEST OF PARENT

I request that my child (children) named above be permitted to attend _____ School in the _____ School District. I certify that my reason(s) is/are as follows:

- Child care provider's name, address and phone number _____
- OR**
- Employer's name, address and phone number _____

Signature of Parent _____ **Date** _____

RELEASE BY DISTRICT OF RESIDENCE

The above named child (children) is/are released by the Eastside Union School District and permission is granted for attendance in the _____ School District.

Signature – District of Residence Director of Student Services _____
 _____ Date _____

ACCEPTANCE BY DISTRICT OF ATTENDANCE (Please sign and return original to District of Residence.)

The above named child (children) is/are accepted for attendance in the _____ School District and is/are assigned to _____ School.

Signature – District of Attendance Title Date

This Individual Interdistrict Attendance Agreement is subject to all the terms and conditions of the blanket Interdistrict Attendance Agreement made or to be made between the above District of Residence and District of Attendance. Transportation is the responsibility of the parent.