TEHAMA COUNTY DEPARTMENT OF EDUCATION

INTERDISTRICT ATTENDANCE REQUEST APPEAL

(Appeal must be filed within 30 calendar days of the failure or refusal of the Interdistrict Attendance Request)

1. Name of person(s) making appeal ____________________________
2. Address ____________________________ Phone ________________
3. Student's Name ____________________________ Grade ____________
4. School Currently Attending ____________________________
5. Is the student attending the above school on an interdistrict? ________________
6. District of Residence ____________________________
7. District in which attendance is desired ________________
    School ____________________________ School Year ____________
8. District denying the Interdistrict Attendance Request
    ___ District of Residence ____________________________ District Selected to Attend
    Date of Denial ____________________________ (Please attach copy of letter of denial.)
9. Reason(s) for Request: Attach additional sheets if necessary. This form should be
    accompanied by any letters from your district of residence regarding your request, any
    letters from the denying district regarding your request; and any other supporting
    documentation you want the County Board to consider.
    The reason(s) for your appeal must be the same as those stated on your original request
    for an interdistrict agreement. If the reasons on the appeal are substantially different, you
    may be asked to reapply for an interdistrict transfer with your district of residence.

10. Date: ________________ Signature ____________________________
    Note: This signed application must be submitted no later than 30 days following denial of the
    original application by the school district governing board.

For Office Use Only

11. Receipt of a copy of the foregoing is admitted this _____ day of _____________.

RICHARD DUVARNEY, County Superintendent
Tehama County Department of Education