

To: Kings County Board of Education  
Attention: Superintendent  
1144 W. Lacey Boulevard  
Hanford, California 93230

**APPEAL FOR INTERDISTRICT ATTENDANCE AGREEMENT**

The person having custody of a student may request from both the district of residence and the proposed district of attendance an interdistrict agreement which would permit the pupil to attend a school other than the district of residence.

E.C. Section § 46601. If the governing board of either district neglects or refuses to enter into such agreement within thirty (30) days after the person having custody of any pupil has requested to do so;

(a) The person may appeal to the County Board of Education having jurisdiction over the district of residence of the parent/guardian.

(b) The County Board of Education shall, within thirty (30) days after the filing of the appeal, determine whether the pupil should be permitted to attend in the district in which he/she desires to attend, and for what period of time.

**APPEALS TO THE COUNTY BOARD OF EDUCATION  
SHOULD INCLUDE THE FOLLOWING INFORMATION:**

District of Residence: \_\_\_\_\_

Proposed District of Attendance: \_\_\_\_\_

Full name and grade of student or students involved:

\_\_\_\_\_  
Name Grade

\_\_\_\_\_  
Name Grade

\_\_\_\_\_  
Name Grade

(\*Use reverse side for additional students)

Are there other students in the family attending the school of residence who are not requesting transfers? YES [ ] NO [ ]

Has your request been approved *or denied* by your district of residence? YES [ ] NO [ ] DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your request been approved *or denied* by the district of proposed attendance? YES [ ] NO [ ] DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Please state reasons for requesting interdistrict attendance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of the interdistrict request presented to the districts and a copy of the notice of denial.

\_\_\_\_\_  
Parent/Guardian \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date  
\_\_\_\_\_  
Address \_\_\_\_\_  
Phone  
\_\_\_\_\_  
City State ZIP

**If more space is needed, please use attachment. All areas must be completed.**