



BLOCHMAN UNION SCHOOL DISTRICT



INTER-DISTRICT BOUNDARY TRANSFER REQUEST 2022/2023

- I-Interdistrict Attendance Agreement (Pursuant to Education Code §46600/46601.5)
 E-Employment Related Request for Transfer (Pursuant to Education Code §48204(f))

- New**
 Renewal

STUDENT AND PARENT INFORMATION:

Student Name: _____ District Requested: _____
 Date of Birth: _____ Grade Requested: _____ Male Female School Requested: _____
 Parent/Guardian Name: _____
 Home Address: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Employer Name/Address: _____

SPECIAL SERVICES/ HEALTH NEEDS:

Does the student receive special services: Y N If yes, indicate services and provide documentation.
 504 Plan Speech Special Day Class Resource Other: _____
 Are there any health needs we should be aware of? _____

REASON(S) FOR THE REQUEST:

Please check one or more reasons for the request. Attach supporting documentation if required.
 Change of Address – Date of Move _____
 Sibling attending Blochman Union School District
 Name _____ Grade: _____
 Employment – Attach proof of employment (letter on company letterhead/paystub)
 Other – Please explain (If necessary, use back of form for further explanation.)

PARENT/GUARDIAN STATEMENT:

In making this Inter-District Boundary Agreement, I understand the following conditions:

1. Approval by both districts is required.
2. If granted, this Inter-District Boundary Agreement may require annual renewal.
3. This Inter-district Boundary Agreement may be revoked at any time for unacceptable attendance, behavior issues and/or not adhering to school rules and policies.
4. Parent/Guardian may be responsible for transportation to and from school.
5. If this request is denied, you have the right to appeal the decision to the Santa Barbara County Board of Education.

I hereby certify that the student and parent/guardian information provided above is accurate and I understand and agree to the above stated Inter-District Boundary Agreement conditions.

Parent/Guardian Signature: _____ Date: _____

DISTRICTS' DECISIONS:

DISTRICT REQUESTED: Approved _____ Denied _____
 Reason(s) for decision, if denied: _____
 By: _____ Date: _____
 Title: _____

Blochman Union School District

STUDENT INTERDISTRICT ATTENDANCE CONTRACT

Pursuant to the provisions of Board Policy 5117.1(a) and Administrative Regulation 5117.1, my child

_____, has been granted the privilege to attend the Blochman Union School District by virtue of an inter-district attendance permit. I understand and agree that the Superintendent may revoke during the school year, my son or daughter's attendance at the Blochman School District pursuant to the inter-district attendance permit upon the occurrence of one of the events listed below. I also understand that the Superintendent can revoke my son or daughter's attendance during the middle of the school year even if I have other children attending pursuant to inter-district attendance permits.

-The student engages in any misconduct, including, but not limited to, the violation of law, school rule or school directives, whether or not such misconduct constitutes a violation of Education Code section 48900, et seq.;

-The student fails to maintain a satisfactory record of attendance, including timely attendance;

-The student fails to maintain satisfactory grades in all classes of at least a "C" or "S" or better. Grades of "D", "F" and "U" are considered unsatisfactory;

-The attendance of the student would violate class size limits;

-The attendance of the pupil displaces a resident pupil in light of class size limitations or other considerations;

-The attendance of the student requires the addition of a special program, service, or class which would constitute a fundamental change in the delivery of student services;

I understand and agree that it is my responsibility to provide transportation for my child to and from school. (under certain circumstances transportation may be provided at the District's discretion)

I understand and agree that I must annually renew my inter-district attendance permit.

I understand and agree that the failure of me, my son or daughter to abide and follow these conditions may result in the unilateral recession of the inter-district attendance permit at any time during the school year which would necessitate my child returning to their district of residence.

I understand that I do not have the right to appeal to the Governing Board the Superintendent's decision to revoke my child's inter-district attendance permit.

Parent's Signature: _____ Date _____

Parent's Signature: _____ Date _____

Superintendent Signature: _____ Date _____
