

**Oroville Union High School District**  
**2211 Washington Avenue Oroville, CA 95966 (530) 538-2300, Ext 1107**

**APPLICATION AND AGREEMENT FOR ATTENDANCE IN ANOTHER DISTRICT**

Name of Student(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Name of Parent \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus. Ph. \_\_\_\_\_  
Residence Address \_\_\_\_\_  
\_\_\_\_\_ Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Is your student currently expelled, on a suspended expulsion or discipline contract?  Yes  No If yes, explain on separate sheet  
School Now Attending \_\_\_\_\_

Programs in which student participates:  GATE  Band  Title 1  Special Education  Athletics  Other

**APPLICATION**

I request that my child(ren), named above, be permitted to attend \_\_\_\_\_ School  
in the \_\_\_\_\_ School District during the \_\_\_\_\_ School Year.

Briefly state your reason for this request: \_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT**

In the event this application is approved, I agree and understand that:

1. The above-named student will be transferred back to his/her district of residence if facilities or program become unavailable in the school the student is assigned to attend.
2. If the student demonstrates unsatisfactory attendance, scholarship, or citizenship, approval may be cancelled.
3. Falsification or misrepresentation of information on this form constitutes grounds for refusal or cancellation of this permit.
4. The parent will assume responsibility for all transportation for the above-named student to and from school.
5. This agreement expires at the close of the current school year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

**RELEASE/DENIAL OF RELEASE BY DISTRICT OF RESIDENCE**

The above-named student is  released  denied release by the \_\_\_\_\_ School District  
for attendance in the \_\_\_\_\_ School District.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**ACCEPTANCE/DENIAL BY REQUESTED DISTRICT OF ATTENDANCE**

The above-named student(s) is  accepted for  denied attendance in the \_\_\_\_\_ School District.  
He/She will be assigned to the \_\_\_\_\_ School.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Superintendent \_\_\_\_\_ Date \_\_\_\_\_

In addition to the conditions stated herein, this attendance agreement is subject to all the terms and conditions of the Interdistrict Attendance Agreement currently in effect between the above District of Residence and the District of Attendance. The District of Attendance is to receive the state apportionment for the Average Daily Attendance accrued in the same manner as if the student were a resident of the District of Attendance. No tuition shall be charged.