

# Bangor Union Elementary School District

7549 Oro-Bangor Hwy P.O. Box 340 Bangor, CA 95914 530-679-2434 x201 Fax 530-679-1018

## 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 **2021-2022** 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 Bangor Union Elementary School District for attendance in the  
\_\_\_\_\_ School District.

Signed \_\_\_\_\_ Title: Superintendent/Principal/Designee Date \_\_\_\_\_

Board Pending Date

ID#

### 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 \_\_\_\_\_ 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.