

Alexander Valley School District
8511 HWY 128
Healdsburg, CA 95448
707-433-1375
Fax: 707-431-0102

INTERDISTRICT ATTENDANCE APPEAL AND REQUEST FOR HEARING

Must be filed within 10 calendar days of denial of request for interdistrict attendance permit or failure to issue a permit; must be submitted with a copy of the original request for interdistrict attendance permit and denial.

DATE: _____

TO: ALEXANDER VALLEY SCHOOL DISTRICT BOARD OF EDUCATION
8511 HWY 128
Healdsburg, CA 95448
Attn: Superintendent

In accordance with Education Code Section 46601 and the Alexander Valley School District Board of Education Policy and Administrative Regulation 5117, an interdistrict attendance appeal hearing is hereby requested.

(Please print or type; additional pages may be attached, if necessary)

Pupil's name: _____

Birthdate: _____ Grade: _____

School Presently Attending or Last Attended: _____

Dates of Attendance: _____

Parent/Legal Guardian: _____

Address: _____

Telephone number (Home): _____ (Work): _____

School District of Residence: _____

School District of Desired Attendance: _____

Date *Request for Interdistrict Attendance Permit* submitted to District of Residence: _____

District Denying Request: _____ Date: _____

What is/are your reason(s) for requesting an interdistrict attendance permit? (copy of *Request for Interdistrict Attendance Permit* must be attached)

What is your understanding of the reason your request was denied?

What have you done to appeal the decision to deny your request at the district level?

I certify that this information is true and correct to the best of my knowledge.

X _____
Signature of Parent/Legal Guardian Date