GUSTINE UNIFIED SCHOOL DISTRICT

1500 Meredith Avenue, Gustine, CA 95322

209/854-3784

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REQUEST AND AGREEMENT FOR INTRA-DISTRICT ATTENDANCE (GES & RES)

School Year Student's Name _____ Date of Birth ____ Age ____ City Zip Address Grade School Requested: (Check all that apply) ☐ Continue current placement ☐ Allow student to remain with class graduating from elementary ☐ Complete current school year ☐ Childcare needs (Attach Affidavit Form) ☐ Parent works locally (Attach proof of employment) ☐ Siblings currently attending Student will live out of district for one year or less ☐ Special Needs (physical, emotional or academic) ☐ Evidence of moving In/Out of district (Attach Verification) Other: **Is vour child eligible for or enrolled in Special Education?** □YES □NO (if yes, check the provided service) □ Special Day Class □ Resource Specialist Program (RSP) □ Speech/Language □ Adaptive P.E. Does your child have a current 504 Student Accommodation Plan? The No ************************************* CONDITIONS FOR INTRA-DISTRICT ATTENDANCE. Any Violation of the following will be cause for revocation and/or nonrenewal: 1. Transportation is responsibility of the parent 5. Satisfactory academic achievement; Minimum 2.5 GPS 6. Any Other condition provided by BP/AR 2. Accurate and true information of this application 3. Regular attendance, 95% or higher attendance 7. Overcrowding (including Tardies) 4. Appropriate student conduct as per 8. This agreement must be renewed each year expectation with the GUSD rules and regulations; Zero Suspensions for violations of EC48900 I hereby certify that I am the Parent, Legal Guardian, or Person Having Custody: Printed Name: _____ City ____ Zip ____ Signed Name: _____ Home/Cell Phone: _____ Date: _____ Date: _____ Signed Name: ___ □Disapproved Signature: ______ Date_____ Principal (Attendance): □Approved Signature: Date District Office:

Approved Disapproved Reason(s) for disapproval: □Does not comply with Board Policy ■No space available

Distribution: () District Office () School Requested () School of Residence () Parent

□Other _____

☐ Poor Attendance/Poor Grades/Behavior/Low GPA/Discipline Problems

□Denied per Special Ed/Program Impacted