

OROVILLE CITY ELEMENTARY SCHOOL DISTRICT
2795 Yard Street, Oroville, CA 95966-5113 • Phone: (530) 532-3000

APPLICATION & AGREEMENT FOR ATTENDANCE IN ANOTHER DISTRICT (Form 11)

Name of Student(s)	Date of Birth	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Name of Parent: _____ Home Phone: _____ Cell: _____

Address of Residence: _____

Mailing Address: _____

School Currently Attending: _____

Is your student currently expelled, on a suspended expulsion, or a discipline contract? Yes No

Programs your student participates in: GATE Band Special Education (Speech, RSP, SDC, ASD, ED, etc.)

APPLICATION

I request that my child(ren) named above be permitted to attend _____ School in the _____ School District during the **2024-25** 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 programs become unavailable in the school the student is assigned to attend.
2. If the student demonstrates unsatisfactory attendance, scholarship, or citizenship, the approval may be cancelled.
3. Falsification or misrepresentation of information on this form constitutes grounds for refusal or cancellation of this permit.
4. The family will assume responsibility for all transportation for the above-named student(s) 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 or DENIAL OF RELEASE BY DISTRICT OF RESIDENCE

The above-named student(s) is released denied release by the Oroville City Elementary 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 _____ 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.

Revised/Approved: January 14, 2009 (Butte County Superintendents Council)
REV. Jan 2020 (OCESD)