



SUTTER UNION HIGH SCHOOL DISTRICT

2665 Acacia Avenue | PO Box 498 Sutter, CA 95982 | (530) 822-5161 | Fax (530) 822-4905 | Email: khelzer@sutterhigh.k12.ca.us

Ryan Robison, Superintendent/Principal

INTER-DISTRICT AGREEMENT

Education Code 46600 and 46601

School Year Requested: _____ - _____ Date: ____/____/____

Student's Name: _____ Date of Birth: ____/____/____
(Please Print) Last Name First Name

Parent/Guardian Name: _____
(Please Print) Last Name First Name

Address: _____
Number, Street, Apt. Number or PO Box City Zip

Parent/Guardian Telephone Number: _____
Home Cell

Grade Level for School Year Requested: _____

1. School Presently Attending: _____
2. School District of Residence: _____
3. Requested School District to Attend: _____
Did your child previously attend school in #3 above Yes No
If yes, how long: _____ if yes, was it under an Inter- District Agreement? Yes No

Is student currently under an expulsion or discipline contract? _____

List any special programs your child is enrolled in (Special Education, GATE, Etc.) _____

Reason for request: _____

I understand that an Inter-District Attendance Agreement is conditional upon: 1) The student obeying school rules and maintaining good attendance, good citizenship and passing all courses. 2) Class size not exceeding maximum allowed by statute or contract. The student is subject to change to another school or termination of the agreement if any of these conditions occur. Transportation is the responsibility of the parent/student.

Parent/Guardian Signature

For Official Use Only

SENDING DISTRICT		RECEIVING DISTRICT	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Name	_____ Date	_____ Name	_____ Date
_____ Title		_____ Title	