### Humboldt County Board of Education

**REQUEST FOR INTERDISTRICT ATTENDANCE APPEAL HEARING**

(Please print or type all material except signature)

[**Note**: This appeal hearing request shall be submitted to the Humboldt County Superintendent of Schools office within thirty (30) calendar days following the date of a school district’s failure or refusal to enter into an agreement allowing interdistrict attendance.]

Student Name:Click or tap here to enter text. Birth Date: Grade:

Parent(s)/Guardian(s) Name: Click or tap here to enter text.

Residence Address: Click or tap here to enter text.

Address City State/Zip

Mailing Address: Click or tap here to enter text.

If different Address City State/Zip

Residence Phone: Business Phone: Other Phone:

School District in which student lives: Click or tap here to enter text.

School District student is now attending: Click or tap here to enter text.

School District student desires to attend: Click or tap here to enter text.

1. How many other children in the home? If any, give ages:
2. Do they attend school in the district of residence? [ ] Yes [ ] No

Explain, if answer to #2 is no: Click or tap here to enter text.

Explain why you have requested an interdistrict attendance transfer. The information provided will be reviewed by the Humboldt County Board of Education to help them arrive at a decision regarding your appeal. Include any facts that you believe will help your appeal. You are invited to explain your request in more detail to the Board at the hearing. If you need more space, please attach a separate sheet to this form. Click or tap here to enter text.

The hearing may be conducted in closed session during a Humboldt County Board of Education meeting if the parent/guardian requests in writing a closed session seven (7) calendar days in advance of the hearing.

Do you wish to have the hearing conducted in closed session? [ ]  Yes [ ]  No

***Please attach to this form the following:***

* 1. A copy of the original Request for Interdistrict Transfer form and attachments;
	2. A copy of any letters from your district of residence regarding your request;
	3. A copy of any letters from the denying district regarding your request; and
	4. Any additional written statement or documentation that is pertinent to your request. If included, has this information been shared with the denying district? € Yes € No
	5. If district of residence denial, verification district of attendance has capacity to approve.

### This request is submitted in accordance with Education Code 46601 and the Humboldt County Board of Education Board Policy 5117. I understand that the Humboldt County Board of Education will rely upon the information submitted to decide my appeal. I hereby certify that I have read the Humboldt County Board of Education Interdistrict Attendance Appeal Handbook and that the information I have provided is true and correct to the best of my knowledge.

Signature of Parent/Guardian or Adult Student Filing Appeal Hearing Request Date

**Submit to:**

Humboldt County Office of Education  Attn: Superintendent’s Office  901 Myrtle Ave., Eureka, CA 95501