

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: _____ Birth Date: _____ Grade: _____

Parent(s)/Guardian(s) Name: _____

Residence Address: _____
Address City State/Zip

Residence Phone: _____ Business Phone: _____ Other Phone: _____

School District in which student lives: _____

School District student is now attending: _____

School District student desires to attend: _____

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: _____

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. _____

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
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