

INTERDISTRICT ATTENDANCE APPEAL

An interdistrict attendance appeal shall be received by the Santa Barbara County Education Office within thirty (30) calendar days following the date of the district ruling. Late filing of this notice is good cause for denial of the appeal.

If there is more than one student in the family with a decision being appealed, please complete a form for each child and indicate whether the appeals will be heard individually or as one (see the Interdistrict Attendance Appeal Guide for additional information).

Student information:

Name: _____

Birthdate: _____ Grade: _____

Address: _____

City: _____ Zip Code: _____

District of Residence:

District: _____ School: _____

District Student Currently Attends:

District: _____ School: _____

District Student Wishes to Attend:

District: _____ School: _____

Parent/Guardian:

Name: _____ Phone number: _____

Address (If Different Than Above): _____

City: _____ Zip Code: _____

Attorney or Representative (not required): _____

Address: _____

City: _____ Zip Code: _____

For multiple appeals:

_____ My family would like separate hearings for each student

_____ My family would like ALL appeals in one hearing

1. Reason(s) for your request for admission to a school in a district in which the student does not live (you may attach additional written description):

2. Please select which of the following two situations pertains to your circumstance and explain:

A. Describe the student/parent understanding of reason(s) given by the local governing board (district of residence) for NOT entering into an interdistrict transfer agreement in this case, thereby **denying release** of the student to another district: *(Attach copy of official notification from local governing board.)*

B. Describe the student/parent understanding of the reason(s) the governing board of the district in which the student desires to attend **refuses to accept** the student: *(Attach copy of official notification from local governing board.)*

3. Describe any efforts by you to obtain reconsideration of the decision(s) by the board(s). (Include names of district personnel contacted.)

4. In your opinion, why should the decision(s) of the board(s) be set aside? (Please elaborate fully. You may attach additional written description.)

Signature of Parent/Guardian

Date delivered or mailed to SBCEO

Please complete this form, sign, date, and mail or deliver with the supporting documents to:

Santa Barbara County Education Office
Attn: Rene Wheeler, Child Welfare and Attendance
4400 Cathedral Oaks Road
Santa Barbara, CA 93110

Interdistrict appeal requests must be received in our office within thirty (30) days from the date the interdistrict transfer request was denied.