



Dear Parent or Legal Guardian:

INTERDISTRICT ATTENDANCE APPEAL

Enclosed is the required form for filing an interdistrict attendance appeal with the Los Angeles County Office of Education. **Appeal documents must be physically received by the Child Welfare and Attendance Unit within thirty (30) calendar days following the failure or refusal of a district to issue a permit** (specifically, the 30-day time period begins from the date of the final letter of notice from the district, not the date of receipt by the parent) and will be accepted only after verification that all local administrative remedies have been exhausted. Appeals can only be received and processed by the Unit between the hours of 8 a.m. and 5 p.m., Monday through Friday, excluding holidays. There is no extension of the deadline even if the 30th day falls on a weekend or holiday.

To file your appeal, please complete the appeal form, attach the following supporting documents and return them to our office:

- (1) A copy of the original request for interdistrict transfer permit (if available);
- (2) Copies of all correspondence between you and the district denying the permit (be sure to include the final denial letter from the district); and
- (3) Additional documents (**limit 10 pages**) supporting your reason(s) for the permit appeal.

Only the person having legal custody of the student may file an appeal. As such, if you are not the biological parent who has legal custody of the student, please include documentation (*i.e.* legal guardianship, custody order, power of attorney, etc.) showing that you have been awarded or extended educational rights so that there is no delay in processing the appeal.

Please Note: Supporting documents should not be numbered, hole-punched or submitted in notebooks and or spiral folders.

For more information, including Board Policy and Administrative Regulation 5117, video detailing the process, frequently asked questions (FAQs), and the map to our office, please visit our website at <http://www.lacoe.edu/interdistrict>.

Should you have any questions about the appeal process, please contact my office at (562) 922-6233.

Sincerely,

A handwritten signature in cursive script that reads "Vicente Bravo".

Vicente Bravo, Project Director III
Division of Student Support Services
Child Welfare and Attendance Unit

VB:ac

Enclosure: Interdistrict Attendance Appeal form



INTERDISTRICT PERMIT APPEAL

Please print legibly and complete every box below.

STUDENT'S FIRST NAME		STUDENT'S LAST NAME		DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
REQUEST IS FOR (SELECT ONLY ONE) <input type="checkbox"/> Now - the current school year for grade (TK-12) _____ <input type="checkbox"/> Next year - the upcoming school year for grade (TK-12) _____					
SCHOOL NOW ATTENDING OR WAS ATTENDING			SCHOOL DISTRICT	COUNTY	
SCHOOL OF RESIDENCE (WHERE THE STUDENT IS SUPPOSED TO ATTEND)			SCHOOL DISTRICT	COUNTY	
SCHOOL OF DESIRED ATTENDANCE (WHERE THE STUDENT WANTS TO ATTEND)			SCHOOL DISTRICT	COUNTY	
ADDRESS OF STUDENT (NUMBER, STREET, APARTMENT NUMBER, CITY, STATE, AND ZIP CODE)					
NAME OF PARENT/LEGAL GUARDIAN		RELATIONSHIP TO STUDENT		NAME OF PARENT/LEGAL GUARDIAN	
ADDRESS OF PARENT/LEGAL GUARDIAN (NUMBER, STREET, APARTMENT NUMBER, CITY, STATE, AND ZIP CODE) <input type="checkbox"/> Same as above <input type="checkbox"/> Different:					
HOME TELEPHONE NUMBER	CELLPHONE NUMBER	WORK TELEPHONE NUMBER	EMERGENCY NUMBER		
EMAIL ADDRESS OF PARENT/LEGAL GUARDIAN					
PARENT/LEGAL GUARDIAN WILL NEED THE ASSISTANCE OF AN INTERPRETER <input type="checkbox"/> No <input type="checkbox"/> Yes (specify the language to be spoken by the interpreter):					
MEDICAL OR CONFIDENTIAL INFORMATION REGARDING THIS CASE MAY NEED TO BE CONSIDERED <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, Staff will discuss the option of requesting a closed hearing before the Board if appropriate.)					

SELECT ONE: Permit was denied by the district of residence or desired attendance; or missed district deadline

Please answer all questions completely, then sign and date this form before mailing or delivering. Use the back of this page or attach a separate sheet if more space is needed.

1. What are the specific reasons for requesting admission to a school that is not in the district of residence?
2. Are there any specialized services/programs that your student needs?
3. What is your understanding of why the permit was denied by the district?

PLEASE REMEMBER TO ATTACH A COPY OF THE DISTRICT'S FINAL DECISION LETTER TO THIS FORM

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE SIGNED

If mailing, please use the address below:

Los Angeles County Office of Education
Division of Student Support Services
9300 Imperial Highway - Education Center West #388
Downey, California 90242-2890

If delivering in person, please use the address below:

Los Angeles County Office of Education
Division of Student Support Services
12830 Columbia Way - Ardis Reception Area
Downey, California 90242-2890

INTERDISTRICT APPEAL - Additional Page

STUDENT'S NAME