

INTRADISTRICT ATTENDANCE AGREEMENT



Loomis Union School District

3290 Humphrey Road, Loomis, CA 95650 (916) 652-1800
www.loomis-usd.k12.ca.us

Building Excellence in Education since 1856

Please Complete One Form For Each Child

New Applicant 20_____ - 20_____ School Year

Does your child currently receive any special services? Special Education 504 Plan

English Learner GATE Health Care Plan

The Board of Trustees of the Loomis Union School District, hereby agree to permit the within named student, while residing in the school attendance area of _____ School, to attend _____ School.

1. ***Student will maintain good academic standing, attendance and proper behavior as determined by the principal of the school of attendance. Failure to adhere to one or more of these standards will result in immediate revocation of the Intradistrict Agreement.***
2. ***No transportation will be provided.***

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Information

Student Information

Name: _____

Name: _____

Physical Address: _____

Grade: _____ DOB: _____

Address: _____

Home Phone: _____

City, State, Zip: _____

Work Phone: _____

Mailing Address

Cell or Other: _____

If not the same as above: _____

City, State, Zip: _____

Parents/Guardian's

E-mail Address: _____

If the reason is for employment or daycare, please provide name, address, and phone number of employer or daycare provider on the following lines.

Reason for Request: _____

FOR DISTRICT OFFICE USE ONLY

Date Received: _____

Approved

Denied

Superintendent's Signature

Date