EL TEJON UNIFIED SCHOOL DISTRICT
PO Box 876 / 4337 Lebec Road
Lebec, CA 93243

INTERDISTRICT ATTENDANCE AGREEMENT REQUEST

This is to request an Interdistrict Attendance Agreement for School Year **2026 - 2027** for:

Name_____ Grade _____ Name _____ Grade _____

Name_____ Grade _____ Name _____ Grade _____

Address _____ Zip Code _____Telephone _____

who lives in the El Tejon Unified School District to go to _____ School

in the _____ School District.

The reasons for this request are as follows: _____

_____

If the reason given is child care, please fill in the following:

a. BABYSITTER: Name _____

Address _____ Zip Code _____Telephone _____

b. PARENT EMPLOYMENT: (Attach current paycheck stub for verification. Both parents if applicable)

Father _____ Name of Business _____ Work Hours and Days _____

Business Address _____ Telephone _____

Mother _____ Name of Business _____ Work Hours and Days _____

Business Address _____Telephone _____

I declare under penalty of perjury that the above information is accurate to the best of my knowledge. I acknowledge that attendance in a non-resident district is a privilege and not a right. I acknowledge that all requests must meet the guidelines of AR 5117. I acknowledge that the district granting this request shall have the right to revoke and end this agreement if (1) the district of attendance makes a reasonable determination that the continuing presence of the student would interfere with the needs of the district, the best interests of the student, or both; and (2) the district of attendance gives five (5) school days notice prior to the revocation of this agreement. I understand that I have a right to appeal any decision regarding this request by either district to the county board of education pursuant to Education Code section 46601. I further understand that the Interdistrict Attendance Agreement only covers the school year indicated above.

Signed _____ Date _____

Relationship_____

For District Use Only

Request denied by School District:_____ Date _____

Request granted by the governing boards of the school districts above named for the school year **2026- 2027**, subject to the following terms:

a. Parents provide own transportation. Yes No

b. District of attendance to receive the average daily attendance for apportionment purposes.

District of Residence EL TEJON UNIFIED District of Attendance _____

Agreement Approved _____ Agreement Approved _____

By _____ By _____

Sara Haflich, Superintendent

_____ _____

Distribution: X District of Residence District of Attendance

Rev. 6/12/2026