

Form 8230A Request for Interdistrict Attendance Appeal
To San Luis Obispo County Board of Education

In accordance with Education Code Section 46601 and San Luis Obispo County Board of Education Policy No. 8230, we request a hearing for the purpose of an Appeal From Denial of Interdistrict Attendance Request.

A request for interdistrict attendance denied on the basis of employment may not be appealed to the County Board of Education.

(NOTE: This request for Appeal shall be communicated to the County Board of Education within thirty (30) calendar days following the date of denial of request for interdistrict attendance by the District Governing Board.)

IDENTIFYING INFORMATION

For School Year: _____

Name of Parent(s): _____

Residence Address: _____

Mailing Address: _____

Residence Telephone:(_____)_____ Cell Phone:(_____)_____

Business Telephone:(_____)_____ E-Mail Address: _____

I am requesting that the San Luis Obispo County Board of Education hear an appeal of the denial by _____ School District of an interdistrict attendance request for my child/children to attend school in the _____ School District.

Student: _____ Date of Birth _____ Grade (for school year requested): _____

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Does the Student have a current Individualized Education Plan (IEP)? Yes _____ No _____

Does the Student have a current 504 Plan? Yes _____ No _____

1. Date of denial of interdistrict attendance request: _____
2. Is this the first year an interdistrict attendance agreement has been requested from the district: Yes _____ No: _____
3. If an interdistrict attendance was approved in prior years, please indicate the first year the agreement was granted: _____
4. Student's grade level during the first year agreement was granted: _____

5. Reason parent requested interdistrict attendance the first year the agreement was approved: _____
6. Has parent been required to submit a new interdistrict attendance request each year since the first year: Yes: _____ No: _____
7. If the basis of the **current** request is child care located within the requested district, please provide the name, address and telephone number of the child care service provider:

8. Choose one (or more) of the Criteria below that support granting the appeal. For a complete description of each criteria, please refer to County Board Policy #8230.

- ___ **The pupil's desire to remain in his/her school of current attendance for the balance of the semester or school year despite his/her change of residence.**
- ___ **The pupil's plan to move in the near future and desire to begin the semester or school year in his or her new school district.**
- ___ **The desire of the appellant to use childcare services that are within the boundaries of the other district.**
- ___ **The acceptance of a sibling of the pupil for attendance for the current school year by the district of requested attendance when requiring the pupils to attend different districts would cause a hardship on the family.**
- ___ **Remaining in the district of residence will seriously adversely impact the pupil's psychological or physical well-being.**
- ___ **A substantial danger to the pupil's health or safety exists by remaining in the district of residence.**
- ___ **A specialized and specific district academic program or service is unavailable in the district of residence and is essential to the pupil's career or academic objectives.**
- ___ **The pupil's residence is located such that the entrance and exit on streets or sidewalks in all directions require travel through the district of requested attendance, and by virtue of topography, street pattern, and location of homes in the neighborhood, the area is land-locked.**
- ___ **Other exceptional or extraordinary circumstances which would weight heavily in favor of the pupil.**

9. Reason for Request for Appeal. The appeal **will not be accepted** without a complete statement of reasons. Please attach additional pages if more space is needed to complete this item. **Include all district correspondence regarding the denial.**

10. How many other school-aged children in the home? _____
Please give grade levels. _____
11. Do they attend school in the district of residence? Yes: _____ No: _____
12. If the answer is “no” to the question above, please explain: _____

Note: The County Board of Education has no authority to determine the specific school within the school district where the pupil will be enrolled. This authority is reserved for the school district of attendance, after the County Board has made its final decision.

I understand that the San Luis Obispo County Board of Education will rely upon this information to decide my appeal. I hereby certify that this information is true and correct to the best of my knowledge.

Signature of Parent/Guardian or Adult Pupil Filing Appeal **Date**

Please attach any additional documentation that is pertinent to your request.

RETURN FORM TO
SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION
BY U.S. MAIL: 3350 Education Drive, San Luis Obispo, CA 93405

OR
BY E-MAIL: vkraskey@slocoe.org

OR
BY FAX: (805) 541-2605

QUESTIONS – PLEASE CALL (805) 782-7201