

WHEATLAND UNION HIGH SCHOOL DISTRICT
1010 Wheatland Rd.
Wheatland, CA 95692
(530)633-3100

INTER-DISTRICT AGREEMENT

School Year: _____ Date: _____

STUDENT NAME: _____
Last First

PARENT/GUARDIAN NAME: _____

Address: _____

_____ City State Zip code

Parent/Guardian Home Phone No.: _____ Work: _____

Current Grade level: _____

District/School of residence: _____

District/School requesting to attend: _____

Where did your child previously attend school ? _____

Was it under an inter-district agreement ? _____

How long ? _____ Date of attendance: _____

Reason for request: _____

Signature of Parent/Guardian: _____

Any Inter-District Agreement Request is conditional upon:

1. The student must obey school rules and maintain regular attendance.
2. The student must maintain passing grades.
3. Inter-District requests will be considered for approval in the order the requests are received in the district office.



Sending District: _____ Receiving District: _____
_____ Approved _____ Denied _____ Approved _____ Denied

_____ Print Name Title _____ Print Name Title

_____ Signature Date _____ Signature Date