

Wheatland Union High School District

INTERDISTRICT ATTENDANCE
APPEAL FORM

Appellant's Name *(Type or Print)*

Appellant's Signature

Residence Address *(Street, City, Zip Code)*

Mailing Address if different from Residence Address *(Street or P.O. Box, City, Zip Code)*

Home Telephone

Business Telephone

Pupil's Name *(Type or Print)*

Pupil's Birthdate

Grade in School

School District of Residence

School District of Requested Attendance

Date you Applied for Transfer This Year

Date(s) of Action by School District to Deny Interdistrict Attendance

Attach responses to each of the following items. Use as many additional pages as you need to answer fully. PLEASE WRITE ON ONLY ONE SIDE OF A PAGE.

1. What reasons did you give for interdistrict transfer in your application? Attach a copy of your application for interdistrict attendance.
2. Summarize the content and the result of all meetings you had with local school district personnel to discuss alternatives for your student (these alternatives may have included transfer to another school or program in the district; modification of existing program; identifying and resolving points of disagreement or misunderstanding; reconsideration of the district's decision).
3. State your understanding of why the district(s) denied your request.
4. State why you believe the decision(s) should be set aside (changed to approve your appeal).