

Santa Clara County Office of Education

Exhibit

Interdistrict Transfer Appeals

E 5117

Students

INTERDISTRICT ATTENDANCE APPEAL REQUEST FORM

MESSAGE TO APPELLANT: 1) All Interdistrict Attendance Appeal Requests submitted to the Superintendent's Office at the Santa Clara County Office of Education must be accompanied by a notification from the school district denying the request. The notification must indicate that all avenues for appeal within the district have been exhausted and that the district's denial is final. 2) In some cases, supporting documentation from the parent/guardian or an outside expert, as specified below in the "Factors for Consideration" section of this form, must also be submitted. 3) The County Board's authority in the appeal process extends solely to a determination of the district of attendance, not to a determination of the school within the district where the student will be enrolled. The determination of the school is the prerogative of the district.

Student's Name: _____

Parent's/Guardian's Name: _____

Address: _____ Telephone (Home) _____

_____ Telephone (Work) _____

District and School of Residence: _____

District of Desired Attendance: _____

Age of Student: _____ Grade Level of Student: _____

FACTORS FOR CONSIDERATION:

When hearing your appeal, the County Board of Education will review the relevant "Factors for Consideration When Hearing Appeals Based on Exceptional or Extraordinary Circumstances," which are part of Board Policy 5117. Please check the factors, shown below, which you believe relate to your appeal, and, in the space provided, supply background information and details. It is very important that you also provide supporting documentation, as specified, so that the County Board will have the information it needs to make a decision in your case.

The pupil's psychological or physical well-being. (Factor 1)

Note: Problems with a pupil's psychological or physical well-being must be supported by the written statement of a qualified professional.

A substantial danger to the pupil's health or safety. (Factor 2)

Note: A danger to the pupil's health or safety must be supported by the written statement of a qualified health expert, by police reports, by school records, or by other documentation.

A specialized and specific academic program or service, unavailable in the district of residence, but necessary to the pupil's career or academic objectives. (Factor 3)

Note: Such a program or service must be related to the pupil's career objectives or academic advancement and not based solely on the pupil's interests or desires, or on extracurricular activities or athletics.

Hardship resulting from lack of available or appropriate after school care options for the pupil in the district of residence. (Factor 4)

Note: The parent or guardian must demonstrate attempts to find appropriate care in the district of residence and must describe these attempts in the written materials provided when the appeal is filed.

A severe and demonstrated hardship to parents or guardians which could affect the pupil's success in school. (Factor 5)

Note: The parent or guardian must specify and describe the type of hardship in writing; "hardship" shall be understood to exclude inconvenience to the parent/guardian or matters of preference.

_____ The pupil's desire to remain in his/her school of current attendance for the balance of the semester or school year. (Factor 6)

Note: The pupil's desire may be based on his or her anticipated promotion from the school of current attendance at the end of the semester or school year, or on a need for educational continuity for the remainder of the semester or school year.

_____ 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. (Factor 7)

Note: The pupil and his or her parent or guardian must offer written proof of their plan to move into the district of proposed attendance; such written proof may be a rental agreement, a contract to purchase new property, or similar document.

_____ Other exceptional or extraordinary circumstances which would weigh heavily in favor of the appellate pupil. (Factor 12)

Note: The parent/guardian must specify and describe the type of exceptional or extraordinary circumstance and its effect on the pupil.

Please indicate the number of all additional pages you have attached to this form. _____

Appellant's Signature: _____ Date: _____