

Contra Costa County Board of Education
APPEAL OF DENIAL OF INTERDISTRICT ATTENDANCE
(Please print or type all information except signature)

In accordance with Education Code 46601, and the Contra Costa County Board of Education Policy 5200, we hereby request a hearing for the purpose of an Appeal of an Interdistrict Transfer Denial. [NOTE: This request for Appeal shall be submitted to the Contra Costa County Office of Education within thirty (30) calendar days following the date of district failure or refusal to issue a permit or enter into an agreement allowing the attendance.]

Date _____

Appellant (Parent(s)) _____ Cell/Work Phone _____

Residence Address _____ Residence Phone _____

District of Residence _____ School District _____

I am / we are requesting that the Contra Costa County Board of Education hear an appeal of the denial by _____ School District of an interdistrict attendance transfer request for my / our son(s) / daughter(s) to attend school in the _____ School District.

Student _____ Age ____ Grade ____ Student _____ Age ____ Grade ____

Student _____ Age ____ Grade ____ Student _____ Age ____ Grade ____

How many other children in the home? _____ Give ages: _____

Do they attend school in the district of residence? Yes _____ No _____

Explain if answer to above question is no: _____

Respond to the following questions and attach additional pages, if necessary:

1. What reason(s) did you give for requesting an interdistrict transfer in your application to the school district(s)? _____

2. State your understanding of why the school district(s) denied your request for an interdistrict transfer.

3. State why you believe the decision(s) of the school district(s) should be set aside (changed to approve your appeal) _____

I hereby certify that this information is true and correct to the best of my knowledge.

Signature of Parent/Guardian Filing the Appeal _____

Date _____

Please include all related documentation that you received from the school district(s), including the following:

- 1) your transfer request;*
- 2) any letters from your district of residence regarding your request;*
- 3) any letters from the district you are requesting to attend;*
- 4) any additional documentation that is pertinent to your request.*

Send to CCCOE at 77 Santa Barbara Rd. Pleasant Hill, CA 94523 or fax to 925-942-3353 or email to lkhan@cccoe.k12.ca.us

