



# APPEAL OF DENIAL OF INTERDISTRICT ATTENDANCE

*(Please print all information except signature)*

In accordance with Education Code 46601 and the Contra Costa County Board of Education Policy 5117.1, we hereby request a hearing for the purpose of an appeal of an Interdistrict Transfer denial. This request for appeal is being submitted to the Contra Costa County Office of Education within thirty (30) calendar days following the date of district failure/refusal to enter into an agreement allowing the transfer.

Parent/Guardian Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Residence Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Email Address(s) \_\_\_\_\_

School District of Residence \_\_\_\_\_

School District Requested \_\_\_\_\_

Student \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Student \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Student \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Student \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

How many other children in the home? \_\_\_\_\_ Ages of these children: \_\_\_\_\_

Do they attend school in the district of residence? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, please explain:

\_\_\_\_\_

Please respond to the following questions; attach additional pages if necessary:

1. Administrative Regulation 5117.1 Section G (available on the CCCOE website) lists specific criteria the Contra Costa County Board of Education will consider in reviewing your appeal. Please select the criteria that applies to your appeal (circle all that apply): **G1 G2 G3 G4 G5 G6 G7 G8 G13**

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

\_\_\_\_\_  
\_\_\_\_\_

3. Why do you believe the decision(s) of the school district(s) should be changed to approve your request?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 provide all related documentation that you received from the school district(s) including**

**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 completed form and documentation to CCCOE, Attention: Student Programs, 77 Santa Barbara Road, Pleasant Hill, CA 94523 or fax to 925-942-3353 or email to [dbaskerville@cccoe.k12.ca.us](mailto:dbaskerville@cccoe.k12.ca.us).