



Fort Sage Unified School District

100 D.S. Hall Street
P.O. Box 35
Herlong, CA 96113
(530) 827-2101 Fax (530) 827-3239
Dr. Keith Tomes, Superintendent

FORT SAGE UNIFIED SCHOOL DISTRICT INTERDISTRICT AGREEMENT

Student's Name _____ **Grade** _____

School in District of Resident: Sierra Primary Fort Sage Middle Herlong High School
District of Requested Attendance: _____

Parent/Guardian: _____ **Phone:** _____

Physical Address: _____
Street State Zip

- Valid reasons Per Education Code 46600:
- Child Care Transportation Special Mental or Physical Needs Sibling Already Attends School
 - Living out of District one year or less Complete the School Year Remain with Graduating Class
 - Moving to that District When Recommended by SARB or other Social Agencies
 - Educational Program Not Offered Personal and Social Adjustment Other

Explanation: _____

A Parent/Guardian may request enrollment of a student in a specific school or program of a district; however, the district is not required to admit a student to the school or program requested. The Superintendent is responsible for determining the acceptance of a transfer per Board Policy and Administrative Regulation 5517 and Board Policy 5118.

I certify and will comply with the term, conditions and policies of the Fort Sage School District.

Parent/ Guardian Signature: _____ **Date:** _____

District of Residence _____ Date: _____
Signature of Superintendent

Approved Denied

Receiving District _____ Date: _____
Signature of Superintendent

Approved Denied