



Fort Sage Unified School District

100 D.S. Hall Street
P.O. Box 35
Herlong, CA 96113
(530) 827-2101 Fax (530) 827-3239
Bryan Young, Superintendent
Crystal Jones, Executive Secretary

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