

APPEAL TO THE COUNTY BOARD OF EDUCATION

Request for Interdistrict Transfer Appeal Hearing Process and Form

TUOLUMNE COUNTY SUPERINTENDENT OF SCHOOLS

175 FAIRVIEW LANE SONORA, CA 95370

t: 209 536 2000 f: 209 536 2003 www.tcsos.us The County Board of Education is the body charged by law to act on interdistrict attendance appeals and may, at its discretion and in compliance with Board Policy 5117.1, approve or deny appeals.

In order for a hearing to be scheduled:

- An appeal must be requested by the parent/guardian or person with legal custody of the student;
- Paperwork requesting the appeal must be received at the Tuolumne County Superintendent of Schools Office within 30 calendar days of the date of the denial by a district of the request;
- The reason for the appeal must be the same as those stated on the original request;
- The County Superintendent must verify that all avenues to resolve the denial at the district level have been exhausted.

Once the request is received, the County Superintendent will verify the information above and schedule a hearing before the County Board of Education.

The hearing date will be set to take place within 30 calendar days of the day your request was received, and you will be notified of the date, time and place of the hearing.

You are encouraged to familiarize yourself with the district polices and procedures governing interdistrict attendance, and County Board policies governing the appeal process (BP 5117.1).

Please contact <u>administration@tcsos.us</u> or call 209-536-2000 should you have questions about the appeal process.

Yes, ages _____

No



Request for Interdistrict Transfer Appeal Hearing

For Office Use: Request Received On	Pursuant to Education Code Section 46601 and Tuolumne County Board of Education Policy 5117.1, this request for an Appeal Hearing must be received by the Tuolumne County Superintendent of Schools Office within 30 calendar days following the date of denial of the request for Interdistrict Attendance.		
Date	Today's Date:		
Dute	Date of Denial:		
	Parents(s)/Guardian(s)/Caregiv	er(s):	
	Physical Address:		
	Mailing Address:		
	Phone(s):		
	Email:		
	District of Residence:		
	District of Requested Attendance:		
	Do student(s) currently attend school in the district of residence? Yes No		
	If no, please explain:		
	I am/we are hereby requesting that the Tuolumne County Board of Education hear an appeal of the Interdistrict Transfer Permit denial by for the students listed below:		
	Student:	Age:	Current Grade:
	Student:	Age:	Current Grade:

Are there other children in the home?



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

What reason(s) did you give for requesting an interdistrict transfer in your application to the school district?
State your understanding of why the school district denied your request for an interdistrict transfer:
State why you believe the decision of the school district should be set aside and changed to approve your appeal:
What have you done to appeal the decision to deny your request at the district level?
I/we certify that this information is true and accurate to the best of my knowledge

Return pages 2 and 3 of this form to the Tuolumne County Superintendent of Schools Office along with the following:

1. A copy of the original transfer request

Signature(s)

- 2. A copy of the denying district's interdistrict attendance policy
- 3. Any letters/communication from your district of residence
- 4. Any letters/communication from the district you are requesting to attend

Date

5. Any additional documentation that is pertinent to your request

Forms and information can be delivered in person or mailed to:

Tuolumne County Superintendent of Schools Office Attn: County Superintendent 175 Fairview Lane Sonora, CA 95370

Or emailed to: administration@tcsos.us