

MUROC JOINT UNIFIED SCHOOL DISTRICT

17100 Foothill Avenue ♦ North Edwards, CA 93523-3533
(760) 769-4821 ♦ (661) 258-4178 ♦ FAX (760) 769-4241

DISTRICT OF RESIDENCY AND INTERDISTRICT TRANSFERS

The following information explains the residency issue and how that issue is separate from the Interdistrict Agreement issue.

SCHOOL DISTRICT OF RESIDENCY: There are two ways that school district of residency can be determined. One is based on where the parent/legal guardian resides and the other is based on where the parent/legal guardian is employed:

- (1) **School District of Residency Based on Where the Parent/Legal Guardian Resides:** When a parent or legal guardian establishes residency for the purpose of school attendance for their children based on where they reside, the parent contacts the local school to enroll their children.
- (2) **School District of Residency Based on Where the Parent/Legal Guardian is Employed:** Education Code section 48204(b) indicates that residency can be established "if one or both of the parents or legal guardians of the pupil is **employed within the boundaries of the district for at least ten (10) hours during the school week.**" Subject to the limitations of Education Code section 48204(b)(1-5), **the parent/legal guardian may elect to apply for admission to either the school where they reside or where they are employed. No Interdistrict Agreement is required.**

Education Code section 48204(b)(1) states, "*This subdivision does not require the school district within which the parents or legal guardians of a pupil are employed to admit the pupil to its schools. Districts may not, however, refuse to admit pupils under this subdivision on the basis of ... race, ethnicity, sex, parental income, scholastic achievement, or any other arbitrary consideration.*"

For parents or legal guardians who elect to apply for admission to Muroc schools because they are employed within our district boundaries, we will use the following process:

1. The parent/legal guardian will complete and submit to the Muroc District Office the "RESIDENCY BASED ON EMPLOYMENT APPLICATION & AGREEMENT" form.
2. The District will verify that the parent/legal guardian is employed within district boundaries (*parent will be required to provide: pay stub or letter from employer*).
3. The District will determine whether there is capacity at our schools and that the appropriate programs are available within our district, and then approve or deny the application.
4. The pupil may attend through the 12th grade, and **no annual reapplication is required as long as the parent/legal guardian is employed within district boundaries.** If the parent/legal guardian is no longer employed within district boundaries, then the following section regarding INTERDISTRICT TRANSFERS will apply.

INTERDISTRICT TRANSFERS: If the parent/legal guardian neither resides nor is employed within the Muroc district boundaries, an Interdistrict Attendance Agreement is required. The steps below will be used by Muroc to process Interdistrict Agreement requests:

1. The parent/legal guardian must obtain a release from the district in which they reside (*commonly referred to as an "Interdistrict Attendance Agreement" or "Interdistrict Attendance Waiver"*).
2. The parent/legal guardian will complete and submit to the Muroc District Office the following paperwork:
 - a. A copy of the approved release agreement from their district of residence; and
 - b. Muroc's "INTERDISTRICT ATTENDANCE APPLICATION & AGREEMENT" form.
3. The District will determine whether there is capacity at our schools and that the appropriate programs are available within our district, and then approve or deny the application.
4. If the Interdistrict Agreement is approved by Muroc, no annual reapplication is required as long as the student remains successful in our schools.

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DISTRICT USE ONLY:	
<i>Approval:</i>	
<i>Student Services</i>	<i>Date</i>
<i>Site Principal</i>	<i>Date</i>
<i>(if not approved, attach rationale)</i>	

INTERDISTRICT ATTENDANCE APPLICATION AND AGREEMENT
Beginning with School Year 20__-20__

A separate form must be filled out for each student - incomplete/unsigned forms will be returned for completion.

To enable the Muroc Joint Unified School District to accurately assess your request that your child be enrolled in one of the MJUSD schools, the following information is necessary.

Student's Name _____ Grade _____ *(grade for school year indicated above)*
 Address _____ Age _____ Birth Date _____
 City/Zip Code _____ Home Telephone _____
 School Requested _____ *(student's assignment may not be at the school requested)*
 Reason for Interdistrict Attendance request _____

CHILD CARE:

Child Care Provider's Name _____ Telephone _____
 Address _____

PARENT EMPLOYMENT:

Father's Name _____ Work Telephone _____
 Business Name & Address _____
 Mother's Name _____ Work Telephone _____
 Business Name & Address _____

STUDENT'S ENROLLMENT HISTORY - Please list schools attended (most recent first):

Name/Address of School	Dates Enrolled
1. _____	_____
2. _____	_____
3. _____	_____

PROMOTION/RETENTION:

Has your student been retained one or more grades? Yes No
 If yes, please explain and provide grade levels _____

SUSPENSION/EXPULSION:

1. Has your student had a formal suspension within the last three years? Yes No
 If yes, please explain _____

2. Has your student ever been recommended for an expulsion? Yes No
 a. Has your student been expelled from a previous school? Yes No
 If yes, when? _____

b. Is an expulsion hearing pending? Yes No

(Please continue on reverse side)→

SPECIAL EDUCATION PLACEMENT:

- 1. Has your student ever had an IEP (Individualized Education Program) and/or been recommended for Special Education Services? Yes No
(If yes, the current IEP must be attached to this form)
- 2. Has any Special Education testing been completed? Yes No
If yes, when _____
School Name _____ Name of Special Ed. Contact _____
School Address _____ Telephone _____
- 3. Is your student presently enrolled in, or ever been in, any of the following Special Education programs?
 Special Day Class Resource Specialist Program Speech
 Other (occupational therapy, adaptive P.E., or audiological services)
Please explain _____

504 PLAN/BEHAVIOR MODIFICATION PLAN:

- 1. Is a 504 Plan in place? Yes No What for? _____
(If yes, the current 504 Plan must be attached to this form)
- 2. Was a Behavior Modification Plan in place at previous school? Yes No
(If yes, the Behavior Modification Plan must be attached to this form)

COUNSELING:

- 1. Has your student ever received any school-related counseling services? Yes No

MEDICATION/HEALTH CONCERNS:

- 1. Is your student required to take any type of medicine at school? Yes No
If yes, list type of medication _____
Dosage _____ Administered when? _____
- 2. Any other health concerns _____

I represent that all of the information provided above is accurate. I agree to notify the District immediately if there is any change in the address or telephone number of my student, in the place of employment of my student's parent/legal guardian, or in the name, address or telephone number of my student's child care provider.

I realize that it is a privilege for my student to be granted an Interdistrict Attendance Agreement to attend school in the Muroc Joint Unified School District, and that transportation for students who live outside of Muroc's attendance boundaries is the responsibility of the parent/legal guardian. I understand that approval is contingent upon Muroc having the appropriate program available for my student, and should it be determined that the appropriate program is not available, the Interdistrict Attendance Agreement will be rescinded.

I agree to the following conditions, in addition to any other conditions contained in the Interdistrict Attendance Agreement:

- 1. My student will adhere to the behavior and discipline policy of the Muroc Joint Unified School District and the school my child attends.
- 2. My student will attend school according to District policy and the standards set by the school site.
- 3. I will make myself available to attend parent conferences and meetings as needed to ensure that my student is successfully completing his/her education.

I understand and agree that at any time the District determines that there has been a lack of compliance with any of the above conditions, my student's Interdistrict Attendance Agreement may be revoked.

Parent/Legal Guardian Signature _____
Date