

613 W. Teapot Dome Ave.
Porterville, Ca. 93257
Phone: 559 784-1064
Fax: 559-784-1905



Board of Trustees:
Bob Nuckols, Clerk
Tom Cemo, Member
Tim Newby, Member

Melanie Matta, Superintendent/Principal
**REQUEST FOR CONSIDERATION OF AN
INTER-DISTRICT ATTENDANCE AGREEMENT**

*** For Assistance completing this form, contact the school office at 559-784-1064
(Para asistencia para completar este formulario, póngase en contacto con la oficina de la escuela al 784-1064)

SCHOOL YEAR: 2022-2023 2023-2024 2024-2025 2025-2026

NAME: _____ DATE: _____
(of person submitting request)

ADDRESS: _____

TELEPHONENUMBER(S): _____

(COMPLETE INFORMATION ONLY FOR THOSE STUDENTS REQUESTING ENROLLMENT)

STUDENT INFORMATION				
NAME	D.O.B	GRADE	CURRENT SCHOOL NAME/LOCATION	NEEDS*

(*NEEDS WOULD INCLUDE SPECIAL INFORMATION CODED AS FOLLOWS: R=RETAINED, IEP-INDIVIDUALIZED EDUCATIONAL PLAN, 504=504 PLAN, BP=BEHAVIORIAL PLAN, EM=EDUCATIONAL MODIFICATIONS, S=SUSPENSION, EX=EXPULSION, O=OTHER NEEDS. PLEASE USE SPACE FOLLOWING TO EXPLAIN)

PLEASE WRITE A BRIEF STATEMENT DESCRIBING YOUR REASON(S) FOR WANTING TO ENROLL YOUR CHILD OR CHILDREN AT HOPE ELEMENTARY SCHOOL.

SIGNED: _____ DATE: _____

PARENT GUARDIAN OTHER _____

****IF PERSON MAKING REQUEST IS NOT THE LEGAL PARENT(S), PLEASE ATTACH NECESSARY DOCUMENTATION ESTABLISHING YOUR RIGHT TO MAKE EDUCATIONAL DECISIONS FOR THE CHILD/CHILDREN LISTED ON THIS FORM.**

Thank you for your interest in your child/children attending Hope Elementary School District. Your request will be provided to the Board of Trustees for action and you will be notified of the date and time of the meeting should you desire to be present and address the Board of Trustees regarding your request.

BOTM DATE: _____	NOTIFICATION PROVIDED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PROVISIONAL ENROLLMENT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(DATE: _____)
ACTION TAKEN:	<input type="checkbox"/> ACCEPTED	(ENROLLED: _____)	
<input type="checkbox"/> DENIED	<input type="checkbox"/> PENDING ACTION (DATE: _____)		
<input type="checkbox"/> WAITLIST	<input type="checkbox"/> NO ACTION (REASON: _____)		
<input type="checkbox"/> OTHER	_____)		
NOTIFICATION PROVIDED ON ACTION TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO			