

**Tuolumne County School Districts**  
**ALLEN BILL ENROLLMENT INFORMATION FORM**

This form is for the \_\_\_\_\_ School Year to establish residency in the \_\_\_\_\_ School District

This form is used to establish residency based on parent/guardian employment in a school district  
There is no annual renewal required once accepted  
Parents/Guardians assume all responsibility for transportation

Pupil's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Incoming Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

District of Residence: \_\_\_\_\_ See next page to add siblings

Work Information: **PLEASE INCLUDE A PAY STUB FOR VERIFICATION OR LETTER FROM YOUR EMPLOYER**

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

List any Special Education Services (i.e., Special Day Class, Resource Specialist, Speech, APE, etc.) your child qualifies for and attach current IEP. *Per California Education Code 48204(b)(3), a school district may prohibit the transfer of a pupil if the district determines that the additional cost of educating the pupil would exceed the amount of additional state aide received as a result of the transfer.*

BY MY SIGNATURE BELOW, I certify that to the best of my knowledge the information provided in this form is true and correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR DISTRICT OF ATTENDANCE OFFICE USE ONLY**

Enrollment Request:  Accepted  
 Denied

Reason(s) for denial: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature, Title

\_\_\_\_\_  
Date

Original-District of Attendance

Copy-District of Residence

Copy-Parent/Gaurdian

Name of Student	Incoming Grade	Age	Date of Birth	Special Services Required (Special Day Class, Resource Specialist, Speech, APE, other) Please attach IEP

**If you are denied an Allen Bill Residency Request by either district there is NO appeal process to the County Board of Education.**

My signature below indicates that I am the parent/guardian/caregiver (please circle appropriate designation) of the above named student(s) and that I have read and understand the conditions of this Alternative Residency Attendance Request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Office Use Only</u>	
<p><b><u>District of Residence</u></b></p> <p>Approved Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date _____</p> <p>Signature _____</p> <p>Title _____</p> <p>Reason for denial: _____</p> <p>_____</p> <p>_____</p>	<p><b><u>District of Requested Attendance</u></b></p> <p>Approved Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date _____</p> <p>Signature _____</p> <p>Title _____</p> <p>Reason for denial: _____</p> <p>_____</p> <p>_____</p>

**Upon approval** by both districts, the Original of this agreement will be retained by the District of Attendance who will be responsible for distribution of copies to the District of Residence, the School of Attendance, and the Parent/Guardian/Caregiver.

**Upon denial**, the denying district will notify the parents and the other district named in the request, if applicable.

# Alternative Residency Attendance Request Form

**\*\*Including Allen Bill Requests\*\***

Per Ed Code §48204, a pupil is deemed to have complied with the residency requirements for school attendance in a school district, if he or she is any of the following:

1. A pupil placed within the boundaries of that school district in a regularly established licensed children's institution, or a licensed foster home, or a family home pursuant to a commitment or placement under Chapter 2 (commencing with Section 200) of Part 1 of Division 2 of the Welfare and Institutions Code.
2. A pupil whose residence is located within the boundaries of that school district and whose parent or legal guardian is relieved of responsibility, control, and authority through emancipation.
3. A pupil who lives in the home of a caregiving adult that is located within the boundaries of that school district.
4. A pupil residing in a state hospital located within the boundaries of that school district.
5. A pupil for whom one or both of the parents or legal guardians is/are employed within the boundaries of that school district. (Allen Bill). ***This subdivision allows but does not require the school district within which the parents or guardians of a pupil are employed to admit the pupil to its schools. The receiving district has discretion in denying an Allen Bill Residency Attendance Request if the school facilities are overcrowded at the relevant grade level.*** Other conditions also allow a sending or receiving district to deny an Allen Bill attendance request. Refer to EC §48204 for additional information. Denials of attendance based on the Allen Bill are not subject to appeal. Once a pupil is deemed to have complied with the residency requirements for school attendance pursuant to this subdivision the pupil does not have to reapply in the next school year to attend a school within that school district as long as the parents or legal guardians are still employed within the boundaries of that district (Education Code §48204.7).

While the Receiving District cannot deny an Allen Bill Transfer request because a student has an IEP or a 504, the Receiving District may refuse to grant an Allen Bill Transfer if the acceptance of a student with an IEP of 504 would require it to offer services or create a program it currently does not provide.

Please bring a signed verification from your employer including the name of the company and its location. In addition, please provide a copy of a pay stub that is at least two months old. The district reserves the right to request evidence of employment each year.

(For clarification on any of the conditions listed above, please refer to EC §48204)

Name of Parent/Guardian/Caregiver: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone(s) Home/Mobile/Other: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

School District of Requested Attendance: \_\_\_\_\_

Name of Parent/Guardian/Caregiver that works in the Receiving District: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Physical Address: \_\_\_\_\_

\_\_\_\_\_