



LOS ALAMITOS UNIFIED SCHOOL DISTRICT INTERDISTRICT PERMIT INFORMATION

This information sheet must be completed and attached to the interdistrict permit release form obtained by the student's home school district. All student information must be current and correct.

Student Name: _____ DOB: _____
LAST NAME FIRST NAME MI

School Year for which the interdistrict permit is being submitted: _____

Please indicate if any of the programs/services apply to your student (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> GATE | <input type="checkbox"/> English Learner (EL) |
| <input type="checkbox"/> Individualized Education Program (IEP) | <input type="checkbox"/> Section 504 Plan |
| <input type="checkbox"/> School-based Counseling | <input type="checkbox"/> Individualized Health Plan (IHP) |
| <input type="checkbox"/> Speech/Language Services | <input type="checkbox"/> Custody Order/Restraining Order |

Student previously received Special Education Services: _____
DATE OF EXIT

REASON FOR EXIT

Other information that is relevant to your student:

PARENT NAME (Print) PARENT SIGNATURE DATE

Contact Phone # _____ Email _____

DISTRICT USE ONLY

Reviewed by: _____ Date: _____