



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

16350 MOJAVE DRIVE
VICTORVILLE, CALIFORNIA 92395-3655
TELEPHONE (760) 955-3201

REQUEST FOR INTRADISTRICT ATTENDANCE

For School Year: _____ - _____

Student will be in the ____th grade for the above year.

Student Name: _____ Birth Date: _____

Mailing Address: _____ City, State, Zip: _____

Residence Address: _____ City, State, Zip: _____

Parent/Guardian: _____ Telephone: _____

Is the student currently receiving special education services? Yes _____ No _____

Is the student currently serving a term of expulsion from another school district? Yes _____ No _____

School **Desired** to Attend: _____

Current School of Residence: _____

School Student now attends/last attended: _____

Reason(s) for request: _____

TERMS AND CONDITIONS

It is understood that the parent/guardian will have to provide home to school to home transportation. This permit is valid only while conditions stated are maintained, and as long as the student's attendance, behavior, and academic performance are satisfactory to the school of attendance. If my child's behavior or attendance becomes unsatisfactory, he/she may be returned to his/her school of residence. False or misleading information may be cause for denial or revocation of a permit. Approval is subject to space availability in the school. A permit may be revoked for cause at any time.

I have read and understand the regulations and policies governing intradistrict attendance permits and hereby submit my application. I declare under penalty of perjury that the information provided above is true and accurate. I understand that this form will be provided to the district of residence, the school of desired attendance, and that the information provided is subject to verification.

Parent/Guardian Signature (Proof of guardianship may be required) _____ Date _____

FOR OFFICE USE ONLY

The above named student's Request for Intradistrict Attendance is approved subject to parents' assuming full responsibility for providing transportation.

Releasing School: _____ Receiving School: _____

Date: _____ Approved: _____ Denied: _____ Date: _____ Approved: _____ Denied: _____

By: _____ (Name/Title) By: _____ (Name/Title)

(Signature) _____ (Signature)