



MORGAN HILL UNIFIED SCHOOL DISTRICT ENROLLMENT CENTER

15600 CONCORD CIRCLE, MORGAN HILL, CA 95037

Phone: 408-201-6030 □ EMAIL: enrollment@mhusd.org



Application for Inter-District Attendance Permit 2021-2022 School Year

(This form is to be used for students living within MHUSD boundaries wanting to attend a school in another district)

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| Request Type: <input type="checkbox"/> New <input type="checkbox"/> Renew | Residence School: |
| District Requested: | School Requested: |

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|-----------------------|-------------|--|
| Student's name: | Birth date: | Grade in 2021/22: |
| Parent/Guardian name: | Email: | Phone: |
| Home address: | City/Zip: | I.E.P.? Yes <input type="checkbox"/> No <input type="checkbox"/> |

(If yes, attach a copy of most recent I.E.P.)

Reason for Request

Please check one or more reasons for the request.

- Child Care** (K-6 students only – Attach required child care verification letter)
- Former Resident** **or Future Resident** (check one and attach documentation to verify address)
- Social/Emotional change** (Attach required letter on letterhead from psychologist, probation office or physician)
- Transportation** (only applies when residence is in remote area)
- Special Program Offered** (Attach required program description)
- Residency based on full time employment-** (attach verification)

Parent/Guardian Statement

By signing this request, I understand the following conditions:

- Approval by both districts is required.
- The receiving district may investigate the student's attendance, behavior and academic records before acting on this request.
- **If granted, this permit will be in force for up to one year and will remain in force only if the student meets the attendance, behavior and academic requirements of the receiving district.**
- If the permit is granted, the parent/guardian will be responsible for the student's transportation to and from school.
- Parent/Guardian agrees to report **a change of address or change of condition to reason for request above.**
- If specialized services are required, there must be an agreement associated with any additional costs between the district of residence and the receiving district.
- If the request is denied by the district, and all appeal rights have been exhausted in the district, I have the right to appeal the decision to the Santa Clara County Board of Education within 30 days of receipt of the official notice of denial.

I hereby certify the student, parent/guardian information provided above is accurate, and I understand and agree to the above stated conditions. Falsification of information invalidates this request. Failure to meet any timelines established by the district shall be deemed an abandonment of this request.

Signature of Parent/guardian: _____ Date: _____

Decisions of Districts

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| <p>MHUSD The attendance permit is: approved <input type="checkbox"/> denied <input type="checkbox"/></p> <p>Reason for denial: _____</p> <p>Authorized Representative Signature: _____ Date: _____ Title: _____</p> | <p>RECEIVING DISTRICT The attendance permit is: approved <input type="checkbox"/> denied <input type="checkbox"/></p> <p>Reason for denial: <input type="checkbox"/> Discipline <input type="checkbox"/> Grade/School/Program at Capacity <input type="checkbox"/> Attendance Other: _____</p> <p>Authorized Representative Signature: _____ Date: _____ Title: _____ District: _____</p> |
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