



APPLICATION FOR INTERDISTRICT ATTENDANCE PERMIT

School Year Requested _____ **Child's Grade for School Year being requested** _____

Student Name _____ Birthdate _____ Male Female

School District of Residence _____ School of Residence _____

Special Education Student Yes No Speech Yes No Student on Section 504 Plan Yes No

Student currently under an expulsion order? Yes No

School district expelled from : _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

School District of Desired Attendance: _____ School Requested: _____

Parent Guardian Name: _____

Parent/Guardian Address _____

Home Phone: _____ Work: _____ Cell/Msg: _____

REASON FOR REQUEST:

- To accommodate child care arrangement for students*
- Health reasons (Attach verification from a licensed physician or psychologist)
- To complete current year after moving to another attendance area
- Pending change of residence this year (Attach a copy of escrow or similar document -90 day limit)
- Parent(s)/Guardian(s) employed in receiving school district (attach proof of employment)
- Other: (Attach separate sheet of information if necessary)

Child Care Person/Agency

Employer Information FATHER

Employer Information MOTHER

Name: _____

Address _____

Phone: _____

TERMS & CONDITIONS

It is agreed that the parent/guardian will have to provide home to school to home transportation. This permit is valid as long as the conditions stated are maintained and as long as the student's attendance, behavior and academic performances are satisfactory to the district of attendance. False or misleading information may be cause for denial or revocation of a permit. Approval is subject to space availability in the district. This permit may be revoked for cause at any time. E.C. 46600. Failure to adhere to the above terms/conditions may result in revocation of this permit.

I have read and understand the regulations and policies governing interdistrict 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 and the district attendance, and that the information provided is subject to verification.

Parent/Guardian Signature: _____ **Date** _____

This box is for school use only As the authorized administrator for the Barstow Unified School District of residence I recommend the following action (check one box)

Approved Date of Board Approval: _____

Denied Reason for denial: _____

Authorized Signature: _____ Title: CWA, Director, Pupil Services Date: _____

As the authorized administrator for the district of attendance I recommend the following action (check one box)

Approved Date of Board Approval: _____

Denied Reason for denial: _____

Authorized Signature: _____ Title: _____ Date: _____