

Parent to complete the following (all blanks in this box):

New Request Renewal

Student Name _____ ex. (16-17) School Year _____ Grade _____
 Birth Date _____ Male Female
 School Currently Attending _____ Siblings Requesting a Trans No Yes
 School District of Residence _____ School District of Desired Attendance _____
 Parent/Guardian Name _____ School Requested _____
 Address _____ Is Student in Special Ed.? Yes No
 City _____ Zip _____ 504 Student Yes
 Telephone # _____ Identification Category, if yes _____

Home

Work

Is the student currently under an expulsion order? Yes No

Reason for Request

- Health Reasons: Attach verification from a licensed physician or clinical psychologist
- Pending change of residence this year. Attach a copy of escrow or similar document (90 day limit)
- To complete current year after another attendance area

Other _____

Attach Separate Sheet if Necessary

Child Care Person/Agency		Employer Information-Father		Employer Information-Mother	
Name:		Name:		Name:	
Address:		Address:		Address:	
City:	Zip:	City:	Zip:	City:	Zip:
Phone #:		Phone #:		Phone #:	
Name of child care provider:					

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 for the school year granted, while conditions stated are maintained, and as long as the student's attendance, behavior, and academic performance 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. A 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, the district of desired attendance, and that the information provided is subject to verification.

Signed _____ Date _____
 Parent/Guardian

THIS BOX FOR SCHOOL DISTRICT USE ONLY

Date Received _____

As the authorized administrator for the district of residence, I recommend the following action (check one):

- Approved *as long as there is: 1. No fee for service 2. No excess costs 3. No transportation costs*
- Denied Reason _____

Authorized Signature _____ Title _____ Date _____

As the authorized administrator of the desired district of attendance, I recommend the following action (check one):

- Approved Denied Reason _____

Authorized Signature _____ Title _____ Date _____