

Raisin City School District
 P.O. Box 69
 Raisin City, CA 93652
 (559) 233-0128 FAX (559) 486-0891

Interdistrict Attendance Permit

Date Received: _____

_____New _____Renewal

Parents/Guardians:

Name: _____
 Name: _____

Work Phone: _____
 Work Phone: _____

Name of Pupil(s)	Date of Birth	Grade	Name of Pupil(s)	Date of Birth	Grade

The pupil(s) reside in the **Raisin City School District**. I request that the above pupil(s) be allowed to attend school in the _____ through the _____ school year. Continuation is subject to good attendance, proper conduct, acceptable grades, and space available.

 Parent/Guardian Signature

 Address

 Phone

Reasons for requesting Interdistrict Permit:

Local School District Action – District of Residence

School District **Raisin City School District**

_____ Approved

_____ Denied*

 Orin Hirschkorn, Superintendent (Signature-Authorized Representative)

 Date

Terms: _____

Local School District Action – District of Attendance

School District _____

Approved

Denied*

 Signature – Authorized Representative

 Date

Terms: _____

This permit may be revoked by the District of Attendance for violation of stated terms of the agreement

**If denied or no action taken within 30 days, parent has a right to appeal before the County Board of Education (265-3005)*

Copies: County Office / District of Residence / District of Attendance / Parent or Guardian