

School District of San Bernardino County
 Application of Inter District Attendance Permit

If submitting by email, please email to:
CWATransfers@cjusd.net

CJUSD App.# _____

Email _____

Pick-up _____

Colton Joint Unified School District School Year **2025 - 2026**

New Request Renewal

Student Services: 850 E. Washington St. 2nd Floor Colton, CA. 92324

Students Last Name				Students First Name				Grade	Date of Birth
Parent/Guardian Name				Residential Address				City/ Zip	
Contact #	Home	Work	Cell	Contact #	Home	Work	Cell	Email	
School District of Residence				School of Residence				School currently attending	
School District of Desired Attendance				School of Request 1 st Choice				School of Request 2 nd Choice	

Ethnicity: Black/African American White American Indian/Alaska Native Asia-Indian
 Asian/Other Cambodian Chinese Japanese Korean Laotian Samoan
 Vietnamese Filipino Guamanian Hawaiian Other Pacific Islander Tahitian

Is the student:	Gender
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Latino	<input type="checkbox"/> Nonbinary

Board Approved Reason for Request:

<input type="checkbox"/> To finish the current school year (end of school year only) <input type="checkbox"/> To promote or graduate with classmates (highest grade only of school listed) <input type="checkbox"/> Senior to attend same school he/she attended as a junior <input type="checkbox"/> Moving into the district within 60 days (copy of escrow Rental) <input type="checkbox"/> Sibling attending a school in district (name of sibling/school) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Sibling Name</div> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Sibling Date of Birth</div> </div> <input type="checkbox"/> Health needs (attach Doctor's note) <input type="checkbox"/> Victim of an act of Bullying (Required Findings of Bullying letter from school)	<input type="checkbox"/> Education Program not offered by CJUSD Program: _____ <input type="checkbox"/> Child Care K-6 only (fill out child care provider) Name: _____ Address: _____ Phone: _____
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Check appropriate specialized program (if applicable): If yes, supporting documents required.

Individualized Education Program (IEP)
 Section 504 Accommodation
 Specialized program/class (i.e. GATE) Program: _____
 Currently suspended or expelled

Terms and Conditions:

It is understood that the parent/guardian will have to provide transportation to and from school daily. **Student must maintain satisfactory attendance and behavior; this permit is valid as long as these conditions are maintained.** False or misleading information may be cause for denial or revocation of a permit. Approval is subject to space availability in the district of request. A permit may be revoked for cause at any time. **E.C. 46600(2) Failure to adhere to the above terms/conditions may result in revocation of this permit. E.C. 46600(a)(1)** Student does not have to reapply for an inter district transfer unless district of attendance requires so or is matriculating from 6-8 and 8-9.

I declare under penalty of perjury that the information provided above is true and accurate. By checking YES on the box below I have read, understand and I agree to the terms and conditions stated above; this form will be provided to the district of residence, the district of desired attendance, and that the information provided is subject to verification. Falsification of information will result in immediate denial/revocation of transfer request.

YES – I am the parent/legal guardian of this student and I agree to the terms and conditions of the Inter district Transfer Attendance Permit stated above.

X _____ Date: _____

SCHOOL DISTRICT USE ONLY

As the authorized administrator for the district of residence, I recommend the following action: Approved Denied

Reason for Denial _____

Student Services Official _____ (CJUSD will not fund extra cost, transportation or due process) Date: _____

As the authorized administrator for the district of desired attendance, I recommend the following action: Approved Denied

Reason for Denial _____

Authorized Signature _____ Date: _____