Effective School Year:
_____
Class of: _____
Student ID# _____

INTRA/INTERDISTRICT ATTENDANCE PERMIT

Santa Maria Joint Union High School District (SMJUHSD)
2560 Skyway Drive, Santa Maria, CA 93455
PHONE: 805-922-4573 ext. 4215 **FAX**: 805-928-9916
EMAIL: jmahaffey@smjuhsd.org

☐ Intradistrict (schools within District)
☐ Interdistrict (SMJUHSD to another District)
☐ IDT cancellation

Student's Last Name	First Name	Date of Birth	Grade (permit in effect)

Name of Parent/Guardian	Home Telephone	Cell/Day Telephone

Home Address (No P.O. boxes)	City	Zip Code

Mailing Address (If different than home address)	City	Zip Code

Residence: *(Please select, if applicable)*
☐ Foster/Group Home ☐ Temp Doubled Up *(sharing with multiple families due to loss of housing or economic housing)*
☐ Hotel/Motel ☐ Temp Shelter ☐ Temp Unsheltered *(car, park, campground)*

Is student currently receiving special education services? ☐ Yes ☐ No; If yes: ☐ RSP ☐ SDC M/M ☐ SDC M/S (*attach copy of last IEP)*

Does your student currently have a 504 plan? ☐ Yes ☐ No

Has the student ever been expelled, or is the student under an extended suspension or expulsion order? ☐ Yes Date: _____ ☐ No

Has the student participated in high school interscholastic Sports? ☐ Yes ☐ No

Current School of Attendance	School of Residence	School Requested	District Requested (If applicable)

REASON REQUESTED: (Please state reason and submit all pertinent supporting information with this form)

☐ Sibling (Name of Sibling): _____ ☐ District Employee

☐ Established Student (Continue at Current School) ☐ Transportation ☐ Personal Safety ☐ Other (please specify)

_____

_____

1. **I certify that all information provided in this application and any supporting document(s) is true and correct.**
2. **I am aware that student must continue attending at current school of attendance pending District approval.**
3. **I acknowledge that transportation will be the responsibility of the parent/guardian.** *Except as required by 20 USC 6316

Signature of Parent/Guardian _____**Date** _____

FOR OFFICE USE ONLY

CURRENT COUNSELOR'S RECOMMENDATION

Attendance Satisfactory: ☐ Yes ☐ No On-Track for Graduation: ☐ Yes ☐ No
☐ Recommended ☐ Not Recommended

Comments: _____

Counselor's Signature: _____ Date: _____

CURRENT PRINCIPAL'S RECOMMENDATION

☐ Recommended ☐ Not Recommended

Comments: _____

Principal's Signature: _____ Date: _____

Receiving Principal Contacted: Date: _____ Time: _____ Recommendation ☐ Yes ☐ No

SMJUHSD OFFICE

☐ Approved Effective Date: _____ ☐ Denied ☐ Cancelled

Comments: _____

District Administrator's Signature: _____ Date: _____

RECEIVING SCHOOL DISTRICT (INTERDISTRICT REQUESTS ONLY)

☐ Approved ☐ Denied

Comments: _____

District Administrator's Signature: _____ Date: _____

The SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT hereby agrees, if approved by authorized administrator of both school districts, to permit the above-named pupil to attend the school requested until the end of the school year.

Año Escolar Efectivo:

_____

Generación del

_____

Student #_____

PERMISO DE ASISTENCIA INTRA/INTERDISTRITO

Distrito Unificado de las Preparatorias de Santa Maria (SMJUHSD)
2560 Skyway Drive, Santa Maria, CA 93455
TELÉFONO: 805-922-4573 ext. 4215 **FAX**: 805-928-9916 **CORREO ELECTRÓNICO**: jmahaffey@smjuhsd.org

☐ Intradistrict (Escuelas dentro del distrito)
☐ Interdistrict (Del distrito SMJUHSD a otro Distrito)
☐ Cancelación de solicitud

Apellido del Estudiante	Primer Nombre	Fecha de Nacimiento	Grado (Efectivo durante el permiso)

Nombre del Padre/Tutor	Teléfono de Casa	Celular

Domicilio (No P.O. boxes)	Ciudad	Código Postal

Domicilio de Correo (si es diferente al domicilio anotado arriba)	Ciudad	Código Postal

Residencia: *(favor de seleccionar, si aplica)* ☐ Hogar temporal *(Foster/Group Home)* ☐ Compartiendo Hogar *(con más de una familia debido a perdida de vivienda o vivienda económica)* ☐ Hotel/Motel ☐ Albergue Temporal ☐ Temporalmente sin hogar *(carro o parque)*

¿Está el estudiante actualmente recibiendo servicios de educación especial? ☐ Si ☐ No Indique cual: ☐ RSP ☐ SDC M/M ☐ SDC M/S *(incluya copia del ultimo IEP)*

¿Tiene actualmente su estudiante un Plan 504? ☐ Si ☐ No

¿Ha sido expulsado el estudiante, o está bajo una expulsión extendida u orden de expulsión? ☐Si Fecha: _____ ☐ No

¿Ha participado el estudiante en deportes de escuela inter escolares? ☐ Sí ☐ No

Escuela Actual	Escuela de Residencia	Escuela Solicitada	Distrito Solicitado (si aplica)

RAZÓN DE PETICIÓN: (Favor de escribir la razón y someter toda la información pertinente)

☐ Hermano/a (Nombre del Hermano/a): _____ ☐ Empleado del Distrito

☐ Estudiante Establecido (Continuar en Escuela Actual) ☐ Transportación ☐ Seguridad Personal ☐ Otra Razón (favor explique)

_____

_____

1. **Certifico que toda la información en esta solicitud y cualquier documento de apoyo es verdadera y correcta.**
2. **Soy consciente de que el estudiante debe continuar asistiendo a la escuela de residencia en espera de la aprobación del Distrito.**
3. **Reconozco que el transporte será responsabilidad de los padres.** *Excepto como requerido por 20 USC 6316

Firma del Padre/Tutor _____ **Fecha** _____

PARA USO DE LA OFICINA SOLAMENTE

CURRENT COUNSELOR'S RECOMMENDATION

Attendance Satisfactory: ☐ Yes ☐ No On-Track for Graduation: ☐ Yes ☐ No
☐ Recommended ☐ Not Recommended

Comments: _____

Counselor's Signature: _____ Date: _____

CURRENT PRINCIPAL'S RECOMMENDATION

☐ Recommended ☐ Not Recommended

Comments_____

Principal's Signature: _____ Date: _____

Receiving Principal Contacted: Date: _____ Time: _____ Recommendation ☐ Yes ☐ No

SMJUHSD OFFICE

☐ Approved Effective Date: _____ ☐ Denied ☐ Cancelled

Comments: _____

District Administrator's Signature: _____ Date: _____

RECEIVING SCHOOL DISTRICT (INTERDISTRICT REQUESTS ONLY)

☐ Approved ☐ Denied

Comments: _____

District Administrator's Signature: _____ Date: _____

The SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT hereby agrees, if approved by authorized administrator of both school districts, to permit the above-named pupil to attend the school requested until the end of the school year.