LOS ALAMITOS UNIFIED SCHOOL DISTRICT
INTERDISTRICT PERMIT INFORMATION

Student Name: _____**DOB**: _____
LAST NAME FIRST NAME MI

Top 3 Preferred Schools:

1. _____ Grade: _____
2. _____
3. _____

Name and Grade of Sibling(s) Also Applying: _____

District of Residence: _____

Please indicate if any of the programs/services apply to your student. Please note this information is used for purposes of determining capacity in programs that may be necessary for your student, and/or for determining placement for your student if the application is approved, and not for purposes of admission.

GATE

English Learner (EL)

Individualized Education Program (IEP)

Section 504 Plan

School-based Counseling

Individualized Health Plan (IHP)

Speech/Language Services

Sibling Currently Enrolled in Los Al Unified: _____ School: _____Grade: ____

Sibling Currently Enrolled in Los Al Unified: _____ School: _____Grade: ____

Is Student's Parent/Guardian an Employee of Los Alamitos Unified School District?

Is there a Custody Order/Restraining Order?

If this interdistrict transfer application is approved:

1) I understand and agree that this application applies to the _____ school year only, and must be renewed on an annual basis, except for students who have completed grade 10, or are enrolled in grades 11 or 12.

2) I understand and agree that my student's continued attendance at the approved school is contingent on space available as deemed by the Los Alamitos Unified School District, and that my student's school placement may be subject to reassignment based upon impacted enrollment. I further understand and agree that if a program required by my student, including, but not limited to, a special education program, is impacted, my student's permit will be non-renewed, and my student will be required to leave the District and enroll in the district of residence.

_____ _____ _____
PARENT NAME (Print) PARENT SIGNATURE DATE

_____ _____
PARENT EMAIL PARENT PHONE NUMBER