School District of San Bernardino County
Application of Inter District Attendance Permit
Colton Joint Unified School District School Year **2026 - 2027**
Student Services: 850 E. Washington St. 2nd Floor Colton, CA. 92324

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

CJUSD App.# _____
Email _____
Pick-up _____

☐ New Request ☐ Renewal

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 1st Choice	School of Request 2nd 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
☐ Hispanic ☐ Latino	☐ Male ☐ Female ☐ Nonbinary

Board Approved Reason for Request:

☐ To finish the current school year (end of school year only)
☐ To promote or graduate with classmates (highest grade only of school listed)
☐ Senior to attend same school he/she attended as a junior
☐ Moving into the district within 60 days (copy of escrow Rental)
☐ Sibling attending a school in district (name of sibling/school)

_____ Sibling Name _____ Sibling Date of Birth

☐ Health needs (attach Doctor's note)
☐ Victim of an act of Bullying (Required Findings of Bullying letter from school)

☐ Education Program not offered by CJUSD
Program: _____

☐ Child Care K-6 **only** (fill out child care provider)
Name: _____
Address: _____
Phone: _____

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: