

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: ☐ Foster/Group Home ☐ Temp Doubled Up (sharing with multiple families due to loss of housing or economic housing) (Please select, if applicable) ☐ 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 pérdida de vivienda o vivienda económica) ☐ Hotel/Motel ☐ Albergue Temporal ☐ Temporalmente sin hogar (carro o parque)					
¿Está el estudiante actualmente recibiendo servicios de educación especial? ☐ Sí ☐ 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: _____	
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