

WILLOWS UNIFIED SCHOOL DISTRICT

823 West Laurel Street • Willows, CA 95988
530/934-6600 fax 530/934-6609

20__ - 20__
Expires June ____

New

Continuing

INTERDISTRICT ATTENDANCE PERMIT

PART ONE - APPLICATION

STUDENT _____ BIRTHDATE _____ GRADE _____
PARENT/GUARDIAN _____ TELEPHONE (h) _____ (w) _____
ADDRESS _____
DISTRICT AND SCHOOL OF RESIDENCE _____
DISTRICT AND SCHOOL WHICH STUDENT DESIRES TO ATTEND _____

PART TWO - REASON FOR REQUEST

Please check one area and complete information requested:

EMPLOYMENT: I request transfer of this pupil because of employment under the provisions of Education Code §48204(d)
I am employed by (Name of Employer) _____
(Employment Address) _____ (Telephone) _____

Located in the (School District) _____

CHILD CARE: I request transfer of this pupil because of child care needs, pursuant to Education Code §46600. I have child care provided by (Name of Child Care Provider) _____
(Child Care Address) _____

Located in the (School District) _____

OTHER: Change of school of attendance is necessary because (be specific): _____

PART THREE - AGREEMENT

In the event this application is approved, I understand and agree that:

- 1. The above named student will be transferred back to his/her district of residence if facilities or program become unavailable.
- 2. If the student demonstrates unsatisfactory attendance, scholarship, or citizenship, approval may be cancelled.
- 3. Falsification or misrepresentation of information on this form constitutes grounds for refusal or cancellation of this permit.
- 4. The parent will assume responsibility for all transportation to and from school.
- 5. This agreement terminates 5 years from the close of the approved school year.

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

PART FOUR - APPROVAL OR DENIAL

DISTRICT OF RESIDENCE:

APPROVED DENIED

Reason(s) for Denial: _____

REQUESTED DISTRICT

APPROVED DENIED

Reason(s) for Denial: _____

DISTRICT OF RESIDENCE

Willows Unified

REQUESTED DISTRICT

Superintendent/Designee _____

Superintendent/Designee _____

Date: _____

Date: _____

In addition to the conditions stated herein, this attendance agreement is subject to all the terms and conditions of the Interdistrict Attendance Agreement currently in effect between the above District of Residence and the District of Attendance. The District of Attendance is to receive the state apportionment for the Average Daily Attendance accrued in the same manner as if the student were a resident of the District of Attendance. No tuition shall be charged.