

New

Continuing

WILLOWS UNIFIED SCHOOL DISTRICT

823 West Laurel Street • Willows, CA 95988
(530) 934-6600 • Fax (530) 934-6609

School Year: **2020/21**

Expires: **June 20**_____

INTERDISTRICT ATTENDANCE PERMIT

=====**PART ONE - APPLICATION**=====

STUDENT _____ BIRTHDATE _____ GRADE (in 2020/21) _____

PARENT/GUARDIAN _____ PHONE (h) _____ (w) _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

DISTRICT 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.

I am employed by (Name of Employer) _____

(Employment Address) _____ (Phone) _____

Located in (School District) _____

CHILD CARE: I request transfer of this pupil because of child care needs, pursuant to Education Code §46600.

Name of Child Care Provider: _____ Address: _____

Located in (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 programs become unavailable.
2. If the student demonstrates unsatisfactory attendance, scholarship, or citizenship, approval may be canceled.
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 within 5 years from the close of the approved school year. (Expiration date is listed above)

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

=====**PART FOUR – APPROVAL OR DENIAL**=====

DISTRICT OF RESIDENCE:

REQUESTED DISTRICT:

APPROVED

DENIED

APPROVED

DENIED

Reason(s) for Denial: _____

Reason(s) for Denial: _____

DISTRICT OF RESIDENCE
Willows Unified

REQUESTED DISTRICT:

Superintendent/Designee

Superintendent/Designee

Date: _____

Date: _____