New

Continuing

WILLOWS UNIFIED SCHOOL DISTRICT

823 West Laurel Street • Willows, CA 95988 (530) 934-6600 • Fax (530) 934-6609 School Year: 2021/22 Expires: June 20\_\_\_\_

## INTERDISTRICT ATTENDANCE PERMIT

STUDENT	BIRTHDATE	GRADE (in 2021/22)
PARENT/GUARDIAN		
PHYSICAL ADDRESS		
MAILING ADDRESS		
DISTRICT WHICH STUDENT DESIRES TO ATTENI		
PART TWO	) – REASON FOR REOUES	Т
Please check one area and complete information requeste		
EMPLOYMENT: I request transfer of this pupil becau		sions of Education Code §48204.
I am employed by (Name of Employer)		
(Employment Address)		(Phone)
Located in (School District)		
□ <u>CHILD CARE</u> : I request transfer of this pupil because		Ť
Name of Child Care Provider:		
Located in (School District)		
□OTHER: Change of school of attendance is necessary	because (be specific):	
PART 7	THREE – AGREEMENT <del>—</del>	
In the event this application is approved, I understand and	d agree that:	
<ol> <li>If the student demonstrates unsatisfactory attend</li> <li>If the student demonstrates unsatisfactory attend</li> <li>Falsification or misrepresentation of information</li> <li>The parent will assume responsibility for all trans</li> <li>This agreement terminates within 5 years from the</li> </ol>	dance, scholarship, or citizenship, a n on this form constitutes grounds nsportation to and from school.	approval may be canceled. for refusal or cancellation of this permit.
<ol> <li>If the student demonstrates unsatisfactory attend</li> <li>Falsification or misrepresentation of information</li> <li>The parent will assume responsibility for all trans</li> <li>This agreement terminates within 5 years from the parent within 5 years from the parent state.</li> </ol>	dance, scholarship, or citizenship, a n on this form constitutes grounds nsportation to and from school.	for refusal or cancellation of this permit.
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2. If the student demonstrates unsatisfactory attend     3. Falsification or misrepresentation of information     4. The parent will assume responsibility for all tran     5. This agreement terminates within 5 years from to     Printed Name of Parent/Guardian     PART FOUR DISTRICT OF RESIDENCE:	dance, scholarship, or citizenship, a n on this form constitutes grounds nsportation to and from school. the close of the approved school ye gnature of Parent/Guardian R – APPROVAL OR DENIA REQUESTED DIS	Approval may be canceled. for refusal or cancellation of this permit. ear. (Expiration date is listed above) Date L TRICT: DENIED
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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.