

New Continuing

## WILLOWS UNIFIED SCHOOL DISTRICT

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

## INTERDISTRICT ATTENDANCE PERMIT

## PART ONE - APPLICATION

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE (in 2021/22) \_\_\_\_\_

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: \_\_\_\_\_