



School Districts of San Bernardino County
UPLAND UNIFIED SCHOOL DISTRICT

Application for Interdistrict Attendance Permit

Parent/Guardian to complete the following (all blanks below):

[] New Request

School Year for Grade

Student Name Birthdate

School District of Residence UPLAND UNIFIED SCHOOL DISTRICT [] Male [] Female

School Currently Attending School Requested

School District of Desired Attendance

Parent/Guardian Name

Address

City Zip

Telephone# Home / Cell

Has student ever been expelled or currently under and expulsion order? [] Yes [] No

Special Education Student [] Yes [] No
504 Student [] Yes [] No
Identification Category, if yes

Reason for Request

- [] Health Reasons: Attach verification from a licensed Physician or clinical psychologist
[] Pending change of residence this year. Attach a copy of escrow or similar document (90 day limit)
[] To complete current year after moving to another attendance area
[] Other

Attach Separate Sheet if Necessary

Table with 3 columns: Child Care Person/Agency, Employer Information -Father, Employer Information-Mother. Rows include Name, Address, City, Zip, Phone #, and Signature of child care provider.

TERMS AND CONDITIONS

It is understood that the parent/guardian will have to provide home to school to home transportation. This permit is valid only for the school year granted, while condition stated is maintained, and as long as the student's attendance, behavior and academic performance are satisfactory to the district of attendance. False or misleading information may be cause for denial or revocation of a permit. Approval is subject to space availability in the district. A permit may be revoked for cause at any time. E.C. 46600 Failure to adhere to the above terms/conditions may result in revocation of this permit.

I have read and understand the regulations and policies governing interdistrict attendance permits and hereby submit my application. I declare under penalty of perjury that the information provided above is true and accurate. I understand that this form will be provided to the district of residence, the district of desired attendance, and that the information provided is subject to verification.

Signed Parent/Guardian Date

THIS BOX IS FOR SCHOOL DISTRICT USE ONLY

As the authorized administrator for the district of residence, I recommend the following action (check one):

[] Approved [] Denied Reason

Director of Educational Services

Authorized Signature Title Date

As the authorized administrator for the desired district of attendance, I recommend the following action (check one):

[] Approved [] Denied Reason

Authorized Signature Title Date