SILVER VALLEY UNIFIED SCHOOL DISTRICT
Application for Interdistrict Attendance Permit

Parent to complete the following (**all blanks in this box**):

☐ New Request   ☐ Renewal   _____ School Year for Grade _____

Student Name _____ Birth date _____

School Dist. of Residence _____ ☐ Male   ☐ Female

School Currently Attending _____ Siblings Requesting a Transfer ___Yes ___No ___N/A

School District of Desired Attendance _____ School _____

Parent/Guardian Name _____ Special Education Student ___Yes ___No

Address _____ 504 Student   ___Yes ___No

City _____ Zip _____

Telephone # _____ / _____   **Identification Category, if yes**

             Home   **Work**

Is student currently under an expulsion order? ___Yes ___No

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

Child Care Person/Agency	Employer Information-Father	Employer Information-Mother
Name	Name	Name
Address	Address	Address
City Zip	City Zip	City Zip
Phone #	Phone #	Phone #
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 conditions stated are 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 _____ **Date** _____

                    Parent/Guardian

THIS BOX FOR SCHOOL DISTRICT USE ONLY

_____

Date Received

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

____ Approved   ____ Denied   Reason _____

_____   _____   _____

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