



Ontario Montclair School District
Dept. of Child Welfare, Attendance & Records
950 West D Street
Ontario, CA 91762
(909) 418-6477

STUDENT ID#:

Inter-District Attendance Renewal Permit

School Year 2025-2026

Grade ☐ Male ☐ Female

Student Name _____

Date of Birth _____

Parent Name _____

Address _____

City/Zip _____

Phone _____

District of Residence _____

District of Desired Attendance **Ontario-Montclair School District**

Current School of Attendance _____

Reason for Requesting Renewal _____

Special Education Programs

Check any if applied

SDC ☐

RSP ☐

Speech ☐

OTHER ☐ _____

Terms and Conditions

It is understood that the parent/guardian is responsible for providing transportation between home and school. This permit is valid only for the school year, provided that all stated conditions are met, and as long as the student's attendance, behavior, and academic performance remain satisfactory to the district of attendance. Providing false or misleading information may result in the denial or revocation of the permit.

Approval is contingent upon space availability within the district, and the permit may be revoked at any time for cause (E.C. 46600). Failure to comply with the terms and conditions outlined above may also lead to revocation of this permit.

I have read and understand the regulations and policies governing inter-district 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 reviewed and verified by the Director of Child Welfare and Attendance (CWA) for the Ontario-Montclair School District.

Parent Signature _____ Date _____

NOTE: Please return the renewal permit to the School Site for review.

FOR SCHOOL USE ONLY

Date Received _____

As the authorized administrator for the Ontario-Montclair School District, the following recommendation:

☐ Approved ☐ Conditional Approval ☐ Waiting List

Denied: ☐ Space Availability ☐ Attendance ☐ Behavior

Site Administrator _____ Reason _____

FOR DISTRICT USE ONLY

Date Received _____

☐ Approved ☐ Denied Reason _____

District Administrator _____ Director _____ Date _____