

SCHOOL DISTRICTS OF SAN BERNARDINO COUNTY

Application for Interdistrict Attendance Permit

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

New Request Renewal _____ School Year for Grade _____

Student Name _____ Birthdate _____

School District of Residence Ontario-Montclair School District Male Female

School Currently Attending _____

School of Residence _____

School Dist. of Desired Attendance _____

School Requested (if available)

Provide a Copy of **IEP
 Special Education Student Yes No
 504 Student Yes No

Parent/Guardian Name _____

Parent/Guardian Address _____

City/Zip _____ Telephone _____ / _____
 (Home) (Work or Cell#)

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		
Address		
City/Zip		
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 _____

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 _____