School Districts of San Bernardino County- **Fontana Unified School District** **FUSD #**

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 **Fontana Unified School District** ☐ Male ☐ Female

School of Residence _____ School Currently Attending _____

School Requested (if available) _____ Siblings requesting a transfer? Yes ☐ No ☐

School District of Desired Attendance_____ Student under expulsion order? Yes ☐ No ☐

Parent/Guardian Name_____ Special Education Student? Yes ☐ No ☐

Home Address_____ 504 Student? Yes ☐ No ☐

City _____ Zip _____ (**Parent please check boxes above to be complete)**

Telephone_____ _____ _____
(Home) (Cell) (Work)

Please check all reason(s) that apply 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.
- ☐ Continuing/Returning student ☐ Childcare ☐ Siblings attend district
- ☐ Employment in the area ☐ District employee
- ☐ Other_____

Child Care Person/Agency	Employer Information – Father	Employer Information – Mother
Name _____	_____	_____
Address _____	_____	_____
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

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

☐ Approved ☐ Denied Reason _____

_____ Coordinator of CWA _____
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*

Original: District of Residence Copy Distribution: Requested District of Attendance, Parent/Guardian *FUSD 7/10-df*