

SUBMIT application to:
CWA@fusd.net

Fontana Unified School
School District of San Bernardino County
Application for Interdistrict Attendance Permit

FUSD # _____

Please print clearly. Complete one form for each student requesting a transfer.

New Request Renewal

Student Name _____ School Year **2020- 2021** Grade _____ DOB _____

School of Residence _____ School Currently Attending _____

School Requested _____ School District of Desired Attendance _____

Parent/Guardian Name _____ Home Address _____ Apt # _____

Telephone _____ City _____ Zip Code _____

Please indicate if the student: Under expulsion order: No Yes Special Education (IEP): No Yes

Indicate: RSP SDC Speech

Reason(s) for Request

- Continuing/Reporting new address Pending change of residence this year (attach copy of escrow or similar document within 90 days)
- Siblings attending requested district

| Sibling's Name | Grade | School Attending |
|----------------|-------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- Childcare Employment in the area District/Site employee _____

| Childcare Person/Agency | Employer Information – Father | Employer Information – Mother |
|-------------------------|-------------------------------|-------------------------------|
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| Phone _____ | Phone _____ | Phone _____ |

Other _____

Terms and Conditions

It is understood that the parent/guardian will have to provide home to school to home transportation. **This permit is valid 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. **EC 46600 Failure to adhere to the above terms and conditions may result in revocation of this permit.**

By providing an electronic signature you are accepting you have read and understood 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 this form will be provided to the district of residence, the district of desired attendance, and the information provided is subject to verification.

Parents/Tutor Signature _____ Date _____

FOR DISTRICT USE ONLY

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

- Approved **as long as there is: 1. No fee for service 2. No excess costs 3. No transportation costs**
- Denied Reason _____



Authorized Signature _____ Date _____

Child Welfare & Attendance Coordinator

Special Services (SELPA)Coordinator

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

- Approved Denied Reason _____

Authorized Signature _____ Title _____ Date _____