

SUBMIT application to:
CWA@fusd.net

Fontana Unified School
School District of San Bernardino County
Application for Interdistrict Attendance Permit
School Year 2021-2022

FUSD # _____

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

New request Renewal

Student Name _____ 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 _____

Indicate if the student: Under expulsion order: No Yes Special Education (IEP): No Yes Indicate: RSP SDC Speech

Continuing Reporting new address FUTURE-Change of residence (attach a copy of escrow or similar document within 90 days)

Sibling(s) in the district/school	Siblings 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 Director
 Special Services (SELPA) Director

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

- Approved Denied Reason _____

Authorized Signature _____ Title _____ Date _____