

School Districts of Sonoma County
Request for Interdistrict Attendance Permit

For school year _____ New student
For grade _____ Continuing student

If one or both parents or legal guardians are employed within the boundaries of the district you are requesting and that district accepts "employment related" transfers, do not complete this form. Request the "employment related" interdistrict attendance form. Use a separate form for each child. Please type or print. See reverse for parent rights. **READ FORM CAREFULLY AND COMPLETE ALL SECTIONS TO AVOID DELAYS.**

Part A: Parent/guardian completes this section and returns all copies to the school district of residence.

Student's Name: _____ Date of Birth: _____
School District of Residence: _____ County: _____
School of Attendance or Last Attended: _____ Current Grade: _____
School District of Desired Attendance: _____ County: _____
School Requested: _____ (DISTRICT RETAINS THE RIGHT TO ASSIGN STUDENT TO ANY SCHOOL.)

IMPORTANT: Each school district in Sonoma County has a local policy and criteria for accepting or denying requests for interdistrict attendance permits, which may or may not include the reasons listed below. After reviewing the policies of your district of residence and the district of desired attendance, check the reason for requesting the interdistrict attendance permit. Attach a written explanation or documentation where requested.

Reason for request:

- Child care (name, address, and phone of provider) _____
- Specialized or unique educational program (describe) _____
- Change in social environment (attach explanation)
- Mental or physical health and/or safety needs (attach statement from physician, psychologist, juvenile authority, or appropriate school staff)
- Recommended by SARB and/or county agency for home or community problems (provide written documentation)
- Complete current school year or remain with a graduating class
- Moving into district in the immediate future (provide written evidence)
- Sibling attending (name, grade, and school) _____
- Other: _____

For information purposes only and for the sole purpose of determining capacity and space issues which would require the creation of a new program or service, has this student or does this student currently receive special education or other special services, such as section 504? Yes No
(describe) _____

Is this student currently under an expulsion order? Yes No If yes, attach copy

Name of parent/guardian: _____ Daytime phone: _____
Complete address: _____ Email address: _____

I declare, under penalty of perjury under the laws of California, that the information provided above is true and accurate. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. I understand that I am responsible for the transportation of my student. I further understand that, to maintain this permit, my student must comply with the terms and conditions of the districts' attendance agreement, if any, which includes but is not limited to those terms and conditions set forth below and the academic, behavior, and attendance policy requirements of the district of desired attendance. I understand that the interdistrict attendance permit must be renewed annually, if the above listed districts have an attendance agreement which provides for such. I further understand that neither district may rescind an existing permit for a student entering grades 11 or 12 in the subsequent school year.

PARENT/GUARDIAN SIGNATURE

DATE

Part B: School district of residence completes and forwards all copies to school district of desired attendance.

Action of District of Residence: Current Attendance Agreement with District of Attendance Date received: _____

- Approved - terms and conditions: _____
- Denied - reason: _____

Signature and title of authorized representative

Date

Part C: School district of desired attendance completes and distributes copies as indicated below.

Action of District of Desired Attendance: _____ Date received: _____

- Approved - terms and conditions: _____
- Denied - reason: _____

Signature and title of authorized representative

Date