

DELANO JOINT UNION HIGH SCHOOL DISTRICT

1720 Norwalk Street, Delano, CA 93215

For School Year _____

For Grade _____

New Student

Continuing Student

Request for Interdistrict Attendance Permit

Use a separate form for each child. Please type or print. See reverse for parent rights.

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

Student's name: _____ Date of Birth: _____

School district of residence: _____ County: _____

School presently attending or last attended: _____ Current grade: _____

School district of desired attendance: _____ Requested School: _____
(District retains the right to assign student to any school.)

Important: Each school district in Kern 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:

- Mental or physical health and/or safety needs (attach statement from physician, psychologist, juvenile authority or appropriate school staff)
- Recommended by SARB and/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)
- Other _____

For information purpose only and for the sole purpose of determining capacity and space issues, has this student or does this student currently receive special education or other special services? Yes No
(describe) _____

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

Name of parent/guardian: _____ Home phone: _____

Complete address: _____ Work phone: _____

*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 the interdistrict attendance permit must be renewed annually. 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 any terms and conditions set forth below and the academic, behavior, and attendance policy requirements of the district of desired attendance.*

(Signature of parent/guardian) (Date)

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

Action of district of residence: _____ Date received: _____

Approved – terms and conditions: _____

Denied – reason: _____

Date: _____

(Signature and title of authorized representative)

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

Action of district of desired attendance: _____ Date received: _____

Approved – terms and conditions: _____

Denied – reason: _____

Date: _____

(Signature and title of authorized representative)

RIGHT OF APPEAL

As a parent or legal guardian you have the right, pursuant to Education Code section 46601, to appeal the denial of a request by either school district to the Kern County Board of Education. The appeal must be filed within 30 days of the denial of the Request for Interdistrict Attendance Permit.