Silver Valley Unified School District
P.O. Box 847, Yermo, CA 92398

APPLICATION FOR INTER-DISTRICT ATTENDANCE PERMIT

School Year: 20_____ - 20_____   ☐ **New Request**   ☐ **Renewal**   **Grade** _____

Student's Name: _____ DOB _____   ☐ Male
                  Last   *First*   ☐ Female

Resident School District: _____ Current School: _____

Desired School District: _____ Desired School: _____

        Special Education: ☐ Yes ☐ No   Speech: ☐ Yes ☐ No

        Section 504: ☐ Yes ☐ No   Siblings Requesting Transfer: ☐ Yes ☐ No

Parent/Guardian's Name: _____

Physical Address: _____ _____ _____ _____
                     Address   *City*   *State*   *Zip*

Mailing Address: _____ _____ _____ _____
(If different)   *Address*   *City*   *State*   *Zip*

Parent/Guardian Phone: Home _____ Work _____ Cell _____

Are you currently under an expulsion order? ☐ Yes ☐ No   If yes, which school? _____

Reason for Request:
    ☐ To accommodate child care arrangements for student
    ☐ Health reasons (Attach verification from a licensed physician
    ☐ To complete current year after moving into another attendance area
    ☐ Pending change of residence this year (Attach a copy of escrow or similar document – 90-day limit)
    ☐ Parent(s)/Guardian(s) employed in receiving school district (Attach proof of employment)
    ☐ Other: _____ (Attach separate sheet of information if necessary)

CHILD CARE PERSON/AGENCY	**EMPLOYER INFORMATION (FATHER)**	**EMPLOYER INFORMATION (MOTHER)**
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Phone: _____	Phone: _____	Phone: _____

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 conditions stated are maintained, and the student's attendance, behavior and academic performances are satisfactory to the district of attendance's requirements. **_FALSE OR MISLEADING INFORMATION MAY BE CAUSE FOR DENIAL OR REVOCATION OF PERMIT._** *Approval is subject to* **_space availability_** *in the district. This 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 and to the district of desired attendance, and that the information provided is subject to verification.

_____ _____ _____
Parent/Guardian Name (**Please print**)   Parent/Guardian (**Signature**)   Date

As the authorized administrator for the District of Residence, I recommend the following action:
☐ Approved   ☐ Denied Reason: _____

_____ _____ _____
Authorized Signature   Title   Date

As the authorized administrator for the District of Attendance, I recommend the following action:
☐ Approved   ☐ Denied Reason: _____

_____ _____ _____
Authorized Signature   Title   Date