

School Districts of San Bernardino County
Victor Elementary School District
Application for Interdistrict Attendance Permit

New Request Renewal School Year _____ Grade _____
 Student Name _____ Birth date _____ Male Female
 School District of Residence _____ School Currently Attending _____
 School District of Desired Attendance _____ School Requested _____
 Parent/Guardian Name _____ Special Education Student Yes No
 Parent/Guardian Address _____ 504 Student Yes No
 City _____ Zip _____
 Primary Phone(____) _____ Alternate Phone(____) _____
 Is student currently under an expulsion order? Yes No

Reason for Request

- Health Reasons: Attach verification from a licensed physician or clinical psychologist To complete current year after moving to another attendance area
 Pending change of residence this year. Attach a copy of escrow or similar document (90 day limit) Other _____

Childcare Person/Agency	Employer Information - Father	Employer Information - Mother
Name	Company	Company
Address	Address	Address
City Zip	City Zip	City Zip
Phone	Phone	Phone
Signature of childcare provider: _____		

TERMS AND CONDITIONS

It is understood that the parent/guardian must provide home to school to home transportation. **This permit is valid while conditions stated are maintained and 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. A permit may be revoked for cause at any time. Approval is subject to space availability in the district.
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, the district of desired attendance, and that the information provided is subject to verification.

Parent/Guardian Signature _____ **Date** _____

THIS BOX FOR SCHOOL 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 _____
 _____ Date _____

Authorized Signature Title

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

- Approved Denied Reason _____
 _____ Date _____

Authorized Signature Title