Silver Valley Unified School District
APPLICATION FOR INTERDISTRICT ATTENDANCE PERMIT

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

Student's Name *(print clearly)* _____ 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

Student currently under an expulsion order? ☐ Yes ☐ No   If yes, which District _____

☐ Parent ☐ Guardian   Address: _____

Father/Guardian's Name _____   Mother/Guardian's Name_____

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

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

Home Phone _____ Work _____ Cell _____ Email _____

Reason for Request:
☐ To accommodate child care arrangements for student
☐ Health reasons (Attach verification from a licensed physician
☐ To complete the 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 a separate sheet of information if necessary)

CHILD CARE PERSON/AGENCY	**FATHER'S EMPLOYMENT INFORMATION**	**MOTHER'S EMPLOYMENT INFORMATION**
Name: _____	Employer: _____	Employer: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Phone: _____	Phone: _____	Phone: _____
(Must complete Child Care Verification Affidavit)		

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 above conditions stated are maintained, and the **student's attendance, behavior, and academic performances are satisfactory** to the district of attendance's requirements. Approval is subject to **SPACE AVAILABILITY** within 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.

FALSE OR MISLEADING INFORMATION MAY BE CAUSE FOR DENIAL OR REVOCATION OF THE 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 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