

Chawanakee Unified School District
 Darren Sylvia, Superintendent
 P.O. Box 400
 North Fork, CA 93643
 PH: (559)877-6209 FAX: (559)868-4488

<u>INTRADISTRICT ATTENDANCE PERMIT</u>	
New <input type="checkbox"/>	Renewal <input type="checkbox"/>
DATE RECEIVED: _____ (Office Use)	

Parents/Guardians:

Name: _____ Phone: (H) _____ (W) _____
 Name: _____ Phone: (H) _____ (W) _____
 Address: _____ City: _____ Zip: _____

Name of Pupil	Date of Birth	Grade Entering	Special Education?

The pupil(s) reside(s) at _____, CA _____
Address (if different from above) Zip

I request that the above pupil(s) be allowed to attend school at:
 _____ school through the _____ school year.
(name of school) (school year)

Continuation is subject to good attendance, proper conduct, acceptable grades and space available.

 Parent/Guardian Signature Date

Reasons for requesting Intradistrict Attendance Permit (You may attach additional pages):

LOCAL SCHOOL SITE ACTION ~ Site of Residence	
School: _____	Approved <input type="checkbox"/> *Denied <input type="checkbox"/>
_____ Signature-Authorized Representative	_____ Date
Terms: 2018-2019 School Year	
LOCAL SCHOOL SITE ACTION ~ Site of Attendance	
School: _____	Approved <input type="checkbox"/> *Denied <input type="checkbox"/>
_____ Signature-Authorized Representative	_____ Date
Terms: 2018-2019 School Year	
This permit may be revoked by the Site of Attendance for violation of stated terms of the agreement.	