

Chawanakee Unified School District

Darren Sylvia, Superintendent
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INTERDISTRICT ATTENDANCE PERMIT

New

Renewal

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) in the: **Chawanakee Unified School District, at** _____
Address (if different from above)

I request that the above pupil(s) be allowed to attend:

_____ school in the _____ School District.
(name of school) (Name of School District)

Parent/Guardian Signature Date

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

LOCAL SCHOOL DISTRICT ACTION ~ District of Residence (Chawanakee)

School District: **Chawanakee Unified School District** Approved *Denied

Signature-Authorized Representative Date

Terms: Transportation not provided **2016-2017** School Year

Other: _____

LOCAL SCHOOL DISTRICT ACTION ~ District of Attendance

School District: _____ Approved *Denied

Signature-Authorized Representative Date

Terms: **2016-2017** School Year

This permit may be revoked by the District of Attendance for violation of stated terms of the agreement.

**If denied or no action is taken within 30 days, parent has the right to appeal before the County Board of Education*