

**Chawanakee Unified School District**

Darren Sylvia, Superintendent  
P.O. Box 400  
North Fork, CA 93643  
PH: (559)877-6209 FAX: (59)877-2065

**INTRADISTRICT 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) 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

\*Denied

\_\_\_\_\_  
Signature-Authorized Representative

\_\_\_\_\_  
Date

Terms: **2016-2017** School Year \_\_\_\_\_

**LOCAL SCHOOL SITE ACTION ~ Site of Attendance**

School: \_\_\_\_\_

Approved

\*Denied

\_\_\_\_\_  
Signature-Authorized Representative

\_\_\_\_\_  
Date

Terms: **2016-2017** School Year \_\_\_\_\_

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