

## Request for **INTERDISTRICT** Attendance Permit

LOS GATOS-SARATOGA UNION HIGH SCHOOL DISTRICT 17421 Farley Road West Los Gatos, CA 95030 (408) 354-2520 ext 239 Fax (408) 354-6278

*This form is to be used by parents/guardians requesting a permit allowing their child to attend another high school district*

Request beginning School Year: **2020-2021**

District of Residence: \_\_\_\_\_ Current School: \_\_\_\_\_

District Requested: \_\_\_\_\_ School Requested: \_\_\_\_\_

This permit, if granted, is contingent upon conditions noted below.

### STUDENT AND PARENT/GUARDIAN INFORMATION

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade: \_\_\_\_\_ [2020-2021] M\_\_F\_\_

Parent/Guardian's Name \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Address (if different) \_\_\_\_\_

City/Zip \_\_\_\_\_ City/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ email address: \_\_\_\_\_

### REASON(S) FOR THE REQUEST

*Please indicate reason(s) for the request. Attach supporting documentation if needed.*

Does student receive special services? Yes [ ] No [ ] Speech [ ] SDC [ ] RSP [ ] 504 [ ] ROC/Adult Ed Service Yes [ ] No [ ]

### PARENT/GUARDIAN STATEMENT

In making this request, I understand the following conditions: 1) approval by both districts is required; 2) the district requested may investigate the student's attendance, behavior, and academic records before acting on the request; 3) if granted, this permit will remain in force only if the student meets the attendance, behavior, and academic requirements of the district requested; 4) if the permit is granted, the student and parent/guardian will be expected to cooperate with school personnel; 5) if the permit is granted, the parent/guardian will be responsible for the student's transportation to and from school; and 6) if the request is denied by the district, and all appeals rights have been exhausted in the district, I have the right to appeal the decision to the Santa Clara County Board of Education. I hereby certify that the student and parent/guardian information provided above is accurate and that I understand and agree to the above stated conditions.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### DECISION OF AFFECTED DISTRICTS

DISTRICT OF RESIDENCE: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

DISTRICT REQUESTED: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_