

SAN BRUNO PARK SCHOOL DISTRICT

500 Acacia Avenue, San Bruno, C A 94066 (650) 624-3100

INTERDISTRICT ATTENDANCE PERMIT & APPLICATION & AGREEMENT

Request are accepted between January 15, 2016 and April 30 2016

[] New Request [] Renewal For School Year **2016-2017** Date of Request: _____

STUDENT NAME: _____ Date of birth: _____ Grade in 2016-2017: _____

Current School of Attendance: _____ Current District of Attendance: _____ Current Grade: _____

School Requested: _____ District Requested: _____ Race/Ethnicity: _____

Father/Guardian: _____ Home Phone: _____ Work/Cell Phone: _____

Father's Address: _____ City: _____ Zip: _____

Mother/Guardian: _____ Home Phone: _____ Work/Cell Phone: _____

Mother's Address: _____ City: _____ Zip: _____

Has this student ever been expelled? Yes ___ No ___ If yes date: _____

Is this student currently suspended, pending an expulsion or under an expulsion order from another school? _____

Does student have a 504 Plan? ___ If yes please attach a copy of the plan.

Does student receive Special Educational Services? ___ If yes please check which programs(s) and attach a copy of the current IEP.

Resource Specialist _____ Special Day Class: _____ Speech/Language: _____ Other service: (please state) _____

Reason(s) for Transfer Request out of the San Bruno Park District (be complete – Attach separate sheet if necessary)

Child Care Information (if applicable):	
Is child Care located within Attendance Boundaries of the Requested School District? _____	
_____ Is this a family member? _____	
Child Care Provider's Name _____	
Address _____	City / Zip _____
Telephone Number _____	Childcare Hours _____
Child Care Provider's Signature (mandatory if child care is reason for transfer) _____	

Does this student have siblings? Yes _____ No _____

If yes list age(s) and the school(s) they currently attend:

Attach current documentation of residency within San Bruno Park School District (ie. Recent utility bill)

Initial request may be denied if school facilities are overcrowded at the relevant grade level or based on other considerations that are not arbitrary

I declare that the information contained in this application is true, and I agree that any false information invalidates this request. I understand that this agreement is for the 2015-2016 school year and that I must reapply for an attendance permit request each year

Parent/ Guardian Signature: _____ Date: _____

DISTRICT OF RESIDENCE: San Bruno Park

REQUESTED DISTRICT OF ATTENDANCE: _____

Signature of Authorized Official

Signature of Authorized Official

_____ Approved

_____ Denied

_____ Approved

_____ Denied

Reason:

Reason: