

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: **2021-2022**

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: _____ [2021-2022] 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: _____