Chawanakee Unified School District Darren Sylvia, Superintendent INTERDISTRICT ATTENDANCE PERMIT P.O. Box 400 North Fork, CA 93643 New \square Renewal \square PH: (559)877-6209 FAX: (559)868-4488 DATE RECEIVED: (Office Use) **Parents/Guardians:** Name:______Phone: (H)_____ (W)_____ _Phone: (H)_____(W)_____ Name:_____ Address:_____ Zip:____ __City:_____ 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) Approved \square *Denied School District: Chawanakee Unified School District Signature-Authorized Representative Date Terms: Transportation not provided **20 -20** School Year Other: LOCAL SCHOOL DISTRICT ACTION ~ District of Attendance Approved \square *Denied School District: Signature-Authorized Representative Date Terms: 20 -20 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