

Chawanakee Unified School District

Darren Sylvia, Superintendent
P.O. Box 400
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PH: (559)877-6209 FAX: (559)868-4488

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):

Empty box for reasons for requesting permit.

LOCAL SCHOOL SITE ACTION ~ Site of Residence

School: _____ Approved *Denied
Signature: Authorized Representative Date
Terms: **20 -20** School Year _____

LOCAL SCHOOL SITE ACTION ~ Site of Attendance

School: _____ Approved *Denied
Signature: Authorized Representative Date
Terms: **20 -20** School Year _____

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

Approved: Denied:

Superintendent Signature