

Maxwell Unified School District
PO Box 788/515 Oak Street
Maxwell, CA 95955
Phone: (530)438-2291 Fax: (530)438-2693

INTERDISTRICT ATTENDANCE PERMIT

Procedure: Parents/Guardians are required to present this application to the district of residence. If the application is accepted, it is then the responsibility of the parents/guardians to present the accepted application to the district which they desire their child to attend.

New Continuing

=====PART ONE – APPLICATION=====

Student's Name: _____ Grade: _____
Date of Birth: _____ Home Phone: _____ Work Phone: _____
Parent(s)/Guardian(s) Name: _____
Parent(s)/Guardian(s) Email Address: _____
Street Address: _____
Mailing Address: _____
District & School of Residence: _____
District & School Which Student Desires to Attend: _____

===== PART TWO – REASON FOR REQUEST=====

Please check one area and complete the information requested:

EMPLOYMENT: I request transfer of this pupil because of employment under the provisions of Education Code Section 48204(d)
I am employed by (Name of Employer) _____
(Employment Address) _____ (Telephone) _____
Located in the (School District) _____

CHILD CARE: I request transfer of this pupil because of child care needs, pursuant to Education Code 46600. I have child care provided by (Name of Child Care Provider) _____
(Child Care Address) _____ (Telephone) _____
Located in the (School District) _____

OTHER: Change of school of attendance is necessary because (be specific): _____

Transportation is not furnished to students living outside the school district. Inderdistrict attendance agreements are subject to revocation for unexcused absences and tardiness, cutting school, smoking, willful disobedience, destruction of school properties and violation of State School Laws and Codes, as well as district rules and regulations.

DATE OF APPLICATION

SIGNATURE OF PARENTS/GUARDIANS

=====PART THREE – APPROVAL OR DENIAL=====

This agreement is effective only for the school year beginning July 1, 2023 and ending June 30, 2024 and supersedes all prior interdistrict agreements. No tuition will be charged. The district of attendance will credit Average Daily Attendance (A.D.A.)

RESIDENT DISTRICT

APPROVED DENIED

District of Residence: Maxwell Unified School District

REQUESTED DISTRICT

APPROVED DENIED

Receiving District: _____

Signature of District Superintendent/Designee

Date: _____

Signature of District Superintendent/Designee

Date: _____