

School Year: \_\_\_\_\_

# INTRA/INTERDISTRICT ATTENDANCE PERMIT

- New
- Renewal
- Open Enrollment
- IDT cancellation

Class of 20 \_\_\_\_\_

Santa Maria Joint Union High School District (SMJUHSD)  
 2560 Skyway Drive, Santa Maria, CA 93455  
 PHONE: 805-922-4573 ext. 4215 FAX: 805-928-9916

Student's Last Name		First Name	Date of Birth	Grade (permit is in effect)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Parent/Guardian		Home Telephone ( )		Cell/Day Telephone ( )	
Home Address (No P.O. boxes)			City	Zip Code	
Mailing Address (If different than home address)			City	Zip Code	
Is student currently receiving special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> RSP <input type="checkbox"/> SDC M/M <input type="checkbox"/> SDC M/S (attach copy of last IEP)					
Does your student currently have a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the student ever been expelled, or is the student under an extended suspension or expulsion order? <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No					
Has the student participated in high school interscholastic Sports? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>PLEASE INDICATE REQUEST:</b> <input type="checkbox"/> INTRADISTRICT (Between schools within the SMJUHSD) <input type="checkbox"/> INTERDISTRICT REQUEST (From SMJUHSD to another school district)			
School Currently Attending	School Of Residence	School Requested	District Requested (If applicable)
<b>REASON REQUESTED:</b> (Please state reason and submit all pertinent supporting information with this form)			
<input type="checkbox"/> Sibling (Name of Sibling): _____		<input type="checkbox"/> District Employee	<input type="checkbox"/> Transportation
<input type="checkbox"/> Continue at Current School (Established Student)		<input type="checkbox"/> Personal Safety	<input type="checkbox"/> Other
_____			
_____			

1. I certify that all information provided in this application and any supporting document(s) is true and correct.
2. I am aware that student must continue attending at current school of attendance pending District approval.
3. I acknowledge that transportation will be the responsibility of the parent/guardian. \*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*Except as required by 20 USC 6316

<b>FOR OFFICE USE ONLY</b>	<b>CURRENT COUNSELOR'S RECOMMENDATION</b>
Attendance Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No On-Track for Graduation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Comments: _____	
Counselor's Signature: _____ Date: _____	
<b>CURRENT PRINCIPAL'S RECOMMENDATION</b>	
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Comments: _____	
Principal's Signature: _____ Date: _____	
<b>SMJUHSD DISTRICT OFFICE</b>	
<input type="checkbox"/> Approved Effective Date: _____ <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled	
Comments: _____	
District Administrator's Signature: _____ Date: _____	
<b>RECEIVING SCHOOL DISTRICT (INTERDISTRICT REQUESTS ONLY)</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments: _____	
District Administrator's Signature: _____ Date: _____	
The SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT hereby agrees, if approved by authorized administrator of both school districts, to permit the above-named pupil to attend the school requested until the end of the school year.	

Año Escolar: \_\_\_\_\_

# PERMISO DE ASISTENCIA INTRA/INTERDISTRITO

- Petición Nueva
- Renovación
- Inscripción Abierta
- Cancelación

Generación del 20 \_\_\_\_\_

Distrito Unificado de las Preparatorias de Santa Maria (SMJUHS)

2560 Skyway Drive, Santa Maria, CA 93455

TELÉFONO: 805-922-4573 ext. 4215 FAX: 805-928-9916

Apellido del Estudiante		Primer Nombre	Fecha de Nacimiento	Grado (Efectivo durante el permiso)	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Nombre del Padre/Tutor			Teléfono de Casa ( )	Celular ( )	
Domicilio (No P.O. boxes)			Ciudad	Código Postal	
Domicilio de Correo (si es diferente al domicilio anotado arriba)			Ciudad	Código Postal	
¿Está el estudiante actualmente recibiendo servicios de educación especial? <input type="checkbox"/> Si <input type="checkbox"/> No Indique cual: <input type="checkbox"/> RSP <input type="checkbox"/> SDC M/M <input type="checkbox"/> SDC M/S <i>(incluya copia del ultimo IEP)</i>					
¿Tiene actualmente su estudiante un Plan 504? <input type="checkbox"/> Si <input type="checkbox"/> No					
¿Ha sido expulsado el estudiante, o está bajo una expulsión extendida u orden de expulsión? <input type="checkbox"/> Si Fecha: _____ <input type="checkbox"/> No					
¿Ha participado el estudiante en deportes de escuela inter escolares? <input type="checkbox"/> Sí <input type="checkbox"/> No					

<b>FAVOR DE INDICAR PETICION APROPIADA:</b> <input type="checkbox"/> INTRADISTRITO (Entre escuelas dentro del Distrito SMJUHS) <input type="checkbox"/> INTERDISTRITO (Del distrito SMJUHS a otro distrito escolar)			
Escuela donde actualmente asiste	Escuela de Residencia	Escuela Solicitada	Distrito Solicitado (si aplica)
<b>RAZÓN DE PETICIÓN:</b> (Favor de escribir la razón y someter toda la información pertinente)			
<input type="checkbox"/> Hermano/a (Nombre del Hermano/a): _____ <input type="checkbox"/> Empleado del Distrito <input type="checkbox"/> Transportación <input type="checkbox"/> Continuar Donde Actualmente Asiste (Estudiante Establecido) <input type="checkbox"/> Seguridad Personal <input type="checkbox"/> Otra Razón			
_____			
_____			

1. Certifico que toda la información en esta solicitud y cualquier documento de apoyo es verdadera y correcta.
2. Soy consciente de que el estudiante debe continuar asistiendo a la escuela de residencia en espera de la aprobación del Distrito.
3. Reconozco que el transporte será responsabilidad de los padres. \*

Firma del Padre/Tutor \_\_\_\_\_ Fecha \_\_\_\_\_

\*Excepto como requerido por 20 USC 6316

PARA USO DE LA OFICINA SOLAMENTE	<b>CURRENT COUNSELOR'S RECOMMENDATION</b> Attendance Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No On-Track for Graduation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
Comments: _____	
Counselor's Signature: _____ Date: _____	
<b>CURRENT PRINCIPAL'S RECOMMENDATION</b> <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Comments: _____	
Principal's Signature: _____ Date: _____	
<b>SMJUHS DISTRICT OFFICE</b> <input type="checkbox"/> Approved Effective Date: _____ <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled	
Comments: _____	
District Administrator's Signature: _____ Date: _____	
<b>RECEIVING SCHOOL DISTRICT (INTERDISTRICT REQUESTS ONLY)</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments: _____	
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