

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

# INTRA/INTERDISTRICT ATTENDANCE PERMIT

- New
- Renewal
- Open Enrollment
- IDT cancellation

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

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					

PLEASE INDICATE REQUEST: <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)
REASON REQUESTED: (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 \_\_\_\_\_

Distrito Unificado de las Preparatorias de Santa Maria (SMJUHS D)

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 D) <input type="checkbox"/> INTERDISTRITO (Del distrito SMJUHS D 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 D 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.	