

Walnut Valley Unified School District

880 S. Lemon Avenue • Walnut, California 91789 • Tel. (909) 595-1261

"KIDS FIRST - Every Student, Every Day"

INTER-DISTRICT ATTENDANCE PERMIT/AGREEMENT

Request for School Year 20 ____ - 20 ____ 1st Semester 2nd Semester Date _____ New Renew

Student (*print*) _____ Date of Birth _____ Age _____ for grade _____
(Last) (First)

Address _____ City _____ Zip _____

Home Phone (____) ____ - _____ Father's Bus. Phone (____) ____ - _____ Mother's Bus. Phone (____) ____ - _____

Releasing/Residence School (Walnut Valley Unified) _____

School Last Attended _____ in the _____ School District

CURRENTLY ENROLLED IN A SPECIAL PROGRAM:

- | | |
|--|---|
| <input type="checkbox"/> Adaptive Physical Education (APE) | <input type="checkbox"/> Gifted and Talented Education (GATE) |
| <input type="checkbox"/> Resource Specialist Program (RSP) | <input type="checkbox"/> Limited English Proficiency (LEP) |
| <input type="checkbox"/> Special Day Class (SDC) | <input type="checkbox"/> Speech/Language Program |
| <input type="checkbox"/> Specialized Physical Health Care | <input type="checkbox"/> Free/Reduced Lunch Program |
| <input type="checkbox"/> Other _____ | |

HAS STUDENT EVER BEEN EXPELLED: YES NO **IF YES, PLEASE ATTACH EXPLANATION**

REQUESTED DISTRICT _____ REQUESTED SCHOOL _____

- Reason (check one): Change of Residence. Date of move: _____
- Senior Privilege
- End-of-Sequence
- Child Care (attach Affidavit). Provider _____
Address: _____ Phone: (____) ____ - _____
- Special Circumstance. Full explanation (add separate sheet if necessary):

Note: Reapplication and/or re-verification may be required. Transportation is the parent's responsibility. Permits may be denied or revoked if false information is submitted, if the student demonstrates poor attendance, unacceptable behavior or unsatisfactory achievement, or if there is not sufficient space available to accommodate the student's enrollment.

WVUSD WILL NOT BE RESPONSIBLE FOR ANY ADDITIONAL EXPENSES FOR OUT OF DISTRICT STUDENTS.

Parent Signature _____ Print _____ Date _____
(Student may sign 18 years of age)

SUBMIT APPLICATION TO WALNUT VALLEY UNIFIED SCHOOL DISTRICT AT THE ABOVE ADDRESS.

ACTION BY WALNUT VALLEY UNIFIED SCHOOL DISTRICT		
<input type="checkbox"/> APPROVED:	Terms _____	
<input type="checkbox"/> DENIED:	Reason _____	
Signature _____	Title _____	Date _____

ACTION BY REQUESTED DISTRICT		
<input type="checkbox"/> APPROVED by the _____	School District, Assigned to _____	School _____
	TERMS _____	
<input type="checkbox"/> DENIED:	Reason _____	
Signature _____	Title _____	Date _____