MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
325 So. Peck Ave.
Manhattan Beach, CA 90266
(310) 318-7345, x5912 Student Services
INTER-DISTRICT ATTENDANCE PERMIT APPLICATION FOR SCHOOL YEAR _____ to _____

Instructions: Complete this form if you are a Manhattan Beach resident who wants to enroll your child in another school district. Bring completed form to the Manhattan Beach Unified School District Office and submit for approval. Process may take 1-2 days.

Student Name _____ Age ____ Birth Date _____ Grade _____
Last First Initial (For year requested)

Address _____

Student is living with: Mother ___ Father ___ Legal Guardian ___ Other (specify)_____

_____ (____)_____ (____)_____
Name(s) of Person(s) student is living with Home Phone Work Phone

School currently attending: _____District:_____

School of residence: _____ District: _____

School requested: _____ District: _____

Is student receiving Special Ed. Services? No__ Yes __ in SDC __ RSP __ DIS __ Other _____

Reason for Request:
_____
_____
_____

ALL PERMITS ARE ISSUED PURSUANT TO THE POLICY OF THE BOARD OF TRUSTEES (E.C. 46600) AND MAY BE REVOKED AS PER DISTRICT POLICY. CONDITIONS FOR REVOCATION MAY INCLUDE:

1. Appropriate and sufficient space is unavailable in the existing class, school or district.
2. The additional cost of educating the individual inter-district permit student would exceed the amount of additional state aid that would be received as a result of the placement of the individual inter-district permit student.
3. A student does not profit from instruction and/or disrupts the learning environment. This may include discipline referrals, and/or excessive tardies or absences. Also, students must have at least a 2.5 academic grade point average to be admitted to a district school on an interdistrict attendance permit; once enrolled in the district, the interdistrict attendance permit student must maintain a 2.0 academic grade point average.
4. A parent has made false statements or misrepresentations in applying for the permit.
5. A student has adjustment problems and/or the welfare of the student or other students is endangered. This may include lack of appropriate before or after school care.

NOTE: TRANSPORTATION WILL NOT BE PROVIDED.

I, the undersigned certify, under penalty of perjury, that the above statements and all information given is true.

Signed: _____ Date: _____

Approved: _____ Denied*: _____ Effective Dates: From _____ To _____

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT: _____ _____
Authorized Signature Date

Approved: _____ Denied: _____

RECEIVING DISTRICT APPROVAL: _____ _____
Authorized Signature Date

*You have the right to appeal this decision in writing within 30 calendar days (20 working days) to the Manhattan Beach Unified School District Superintendent. If the appeal for inter-district is denied, the applicant has the right to appeal to the Los Angeles County Board of Education (E.C. 46601).

Distribution: MBUSD District Office, Original School of Residence, copy
Receiving School, copy Parent/Guardian, copy Rev. 3-15-17