Today's Date/*Fecha de Hoy:*_____ **Request for School Year**/*Para el Año Escolar:* **20 /20**

ESCONDIDO UNION HIGH SCHOOL DISTRICT
302 North Midway Drive, Escondido CA 92027

INTRADISTRICT ATTENDANCE AGREEMENT AND PERMIT

Parent/Guardian: Please print legibly. This copy will be mailed to you after it is processed by the Ed. Services Director.
Padre/Tutor: Por favor escriba legiblemente. Esta copia se le enviará por correo después de ser procesada por el Director.

School I am Requesting to Attend (*Escuela donde deseo asistir*): **(check one)** ❑**EHS** ❑**OGHS** ❑**SPHS** ❑**DLA**
School Serving the Attendance Area where I live (*Escuela que me corresponde*): **(check one)** ❑**EHS** ❑**OGHS** ❑**SPHS**
School I now Attend (*Escuela donde ahora asisto*): **(check one)** ❑**EHS** ❑**OGHS** ❑**SPHS** ❑**DLA**

❑**Bear Valley M.S.** ❑**Del Dios Academy** ❑**Hidden Valley M.S.** ❑**Rincon M.S.** ❑**Mission M.S.**
❑**San Pasqual Union** ❑**Other**/*Otra:*_____

EUHSD or **EUSD** Student ID# if applicable / *Nº Estudiantil de **EUHSD** o **EUSD** si es aplicable:* _____

_____ _____ _____
Last Name of Student/*Apellido del Estudiante* **FIRST** /*Nombre de pila* **Current Grade**/*Grado* **Date of Birth**/*Fecha de Nacimiento*

_____ _____
Name of Parent/Guardian/*Nombre y Apellido de Padres/Tutor* **Relationship to Student**/*Relación al Estudiante*

_____ _____
Mailing Address/ *Dirección donde recibe correspondencia* **Home/Cell/Work Phone**/*Teléfono de Casa/Cel/Trab.*

_____ **CA** _____
City/*Ciudad* **ZIP**/*Código Postal* **Email address**/*Correo Electrónico*

_____
Home Address, if different from mailing address/*Dirección del hogar, si es diferente donde recibe correspondencia*

Is student currently enrolled in special education? ❑No ❑Yes If Yes, which program? _____
¿Esta su estudiante actualmente en educación especial? ❑*No* ❑*Sí Si es sí, ¿en cual programa?* _____

For Special Education Director Only: Okay to enroll in school of choice? ❑No ❑Yes Director's initials _____
If No, see comments: _____

Is student currently enrolled in a Specialized Program? ❑No ❑McKinney-Vento ❑CalSAFE ❑Other_____
Is student currently in C.I.F. athletics? ❑No ❑Yes If Yes, which sport?_____
Is a sibling currently attending the school requested? ❑No ❑Yes; If yes, list sibling's name and grade level:_____
Reason for Request (*Razón por la Solicitud):* _____
_____
_____
_____

ATHLETICS: All CIF transfer eligibility rules apply. Please refer to the CIF Green Book at www.cifsds.org or your school of attendance for details.

I agree to furnish transportation for this student from area of residence in order for him/her to attend the school requested. I realize it is my responsibility to notify the school of attendance of any changes in conditions that have necessitated this transfer. Estoy de acuerdo en proveer transportación al estudiante desde el área de residencia para que asista la escuela deseada. Comprendo que es mi responsabilidad de notificarle a la escuela de asistencia de cualquier cambio de condiciones que provoco este traslado.

_____
Parent/Guardian Signature/*Firma del Padre o Tutor* ***Date***/*Fecha*

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Final Action: ❑**Approved**/*Aprobado* ❑**Denied**/*Negado* **Date**/*Fecha*_____ **By:** _____
Educational Services Director

Director's comments: _____

Copies will be distributed to parents and school sites after final action. /*Copias se distribuirán a padres y escuelas después de la acción final.*