

**REQUEST FOR INTER-DISTRICT ATTENDANCE PERMIT  
UNION SCHOOL DISTRICT**

5175 Union Avenue \* San Jose, CA 95124 \* Phone (408) 377-8010 \* Fax (408) 559-1670

School of Residence: _____	<input type="checkbox"/> New Request <input type="checkbox"/> Renewal Request	School Year Requesting <b>20</b> ____ / ____
District Requested: _____	School Desired: _____	

This form is used by parents/guardians requesting a permit allowing their child to attend school in another district (i.e., district requested) rather than the district in which they live (i.e., district of residence). Special Note: Transfer requests made because a parent/guardian works in the requested district are known as Allen Bill Requests; these requests are subject to Education Code provisions as noted below.

**\*All information must be accurate or any approved application may be revoked.**

**STUDENT AND PARENT/GUARDIAN INFORMATION**

Student Name _____	Birth Date _____	M <input type="checkbox"/> F <input type="checkbox"/>	Grade Requesting _____
Parent/Guardian's Name _____	Parent/Guardian's Name _____		
Home Address _____	Home Address _____		
City _____	Zip Code _____	City _____	Zip Code _____
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____
<b>Is your student receiving special services? Yes _____ No _____</b> <b><u>If yes, indicate which type(s) below and provide a copy of the most recent IEP:</u></b> <input type="checkbox"/> 504 Plan <input type="checkbox"/> Speech <input type="checkbox"/> Special Day Class <input type="checkbox"/> Resource Specialist Program    Other: _____			
* With any change in the type(s) of services, a new Inter-district form must be completed.			

**REASON(S) FOR THE REQUEST**

Please check one or more of the reasons for the request listed below and then, use the space below to further explain. The criteria used by this district for evaluating requests are listed on an attached sheet, the required documentation is noted next to each reason. In your explanation, please specifically note the district's criteria upon which you are basing your request. Attach supporting documentation if required.

Child Care \_\_\_\_\_ (Child Care Affidavit required)

Change of Residence (Date of Move) \_\_\_\_\_

Employment within District (A letter on company stationery, verifying employment, required)

Other (Please Explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN STATEMENT**

**In making this request, I understand the following conditions: 1) approval by both districts is required; 2) the district requested may investigate the student's attendance, behavior, and academic records before acting on the request (academic records not investigated with Allen Bill requests); 3) if granted, this permit will be in force for one (1) year and will remain in force only if the student meets the attendance, behavior, and academic requirements of the district requested; 4) if the permit is granted, the student and parent/guardian will be expected to cooperate with school personnel; 5) if the permit is granted, the parent/guardian will be responsible for the student's transportation to and from school; and 6) if the request is denied by the district, and all appeal rights have been exhausted in the district, I have the right to appeal the decision to the Santa Clara County Board of Education (no County Board appeal right for Allen Bill transfers). I hereby certify that the student and parent/guardian information provided above is accurate and that I understand and agree to the above stated conditions.**

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

**DECISION OF AFFECTED DISTRICTS**

<p align="center"><b>DISTRICT OF RESIDENCE</b></p> <p>Approval <input type="checkbox"/>      Denial <input type="checkbox"/></p> <p>Reason(s) for Decision if Denied: _____</p> <p>Administrator: _____ Date: _____</p> <p>Special Ed Authorization (if applicable) _____</p> <p>Verification of District Residency <input type="checkbox"/></p>	<p align="center"><b>DISTRICT REQUESTED</b></p> <p>Approval <input type="checkbox"/>      Denial <input type="checkbox"/></p> <p>Reason(s) for Decision if Denied: _____</p> <p>Administrator: _____ Date: _____</p> <p>Phone: _____ Fax: _____</p>
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