

Effective Sch Year: _____

INTRA/INTERDISTRICT ATTENDANCE PERMIT

- New
- IDT cancellation
- Annual Renewal (Interdistrict)

Class of 20 _____

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	
Residence: <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Temp Doubled Up (sharing with multiple families due to loss of housing or economic housing) (please select, if applicable) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Temp Shelter <input type="checkbox"/> Temp Unsheltered (car, park, campground)					
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 (Schools within SMJUHSD) <input type="checkbox"/> INTERDISTRICT (SMJUHSD to another District ~ <u>must be renewed annually</u>)			
Current School of Attendance	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"/> Established Student (Continue at Current Sch)			
<input type="checkbox"/> Transportation <input type="checkbox"/> Personal Safety <input type="checkbox"/> Other (please specify)			

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. *Except as required by 20 USC 6316

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY	CURRENT COUNSELOR'S RECOMMENDATION
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: _____	
CURRENT PRINCIPAL'S RECOMMENDATION	
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Comments: _____	
Principal's Signature: _____ Date: _____	
SMJUHSD OFFICE	
<input type="checkbox"/> Approved Effective Date: _____ <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled	
Comments: _____	
District Administrator's Signature: _____ Date: _____	
RECEIVING SCHOOL DISTRICT (INTERDISTRICT REQUESTS ONLY)	
<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.	

Efectivo Año Escolar: _____

PERMISO DE ASISTENCIA INTRA/INTERDISTRITO

- Petición Nueva
- Cancelación
- Renovación Anual (Interdistrito)

Generación del 20 _____

Distrito Unificado de las Preparatorias de Santa Maria (SMJUHS)

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	
Residencia: (favor de seleccionar, <input type="checkbox"/> Hogar temporal (Foster/Group Home) <input type="checkbox"/> Compartiendo Hogar (con más de una familia debido a pérdida de vivienda o si aplica) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Albergue Temporal <input type="checkbox"/> Temporalmente sin hogar (carro o parque) <input type="checkbox"/> vivienda económica)				
¿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 (incluya copia del ultimo IEP)				
¿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				

INDIQUE PETICION: **INTRADISTRITO** (Escuelas dentro del Distrito) **INTERDISTRITO** (Del distrito SMJUHS a otro Distrito ~ se requiere renovación anual)

Escuela Actual	Escuela de Residencia	Escuela Solicitada	Distrito Solicitado (si aplica)
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RAZÓN DE PETICIÓN: (Favor de escribir la razón y someter toda la información pertinente)

Hermano/a (Nombre del Hermano/a): _____ Empleado del Distrito

Estudiante Establecido (Continuar en Escuela Actual) Transportación Seguridad Personal Otra Razón (favor explique)

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. *Excepto como requerido por 20 USC 6316

Firma del Padre/Tutor _____ Fecha _____

PARA USO DE LA OFICINA SOLAMENTE	CURRENT COUNSELOR'S RECOMMENDATION
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: _____	
CURRENT PRINCIPAL'S RECOMMENDATION	
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Comments: _____	
Principal's Signature: _____ Date: _____	
SMJUHS OFFICE	
<input type="checkbox"/> Approved Effective Date: _____ <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled	
Comments: _____	
District Administrator's Signature: _____ Date: _____	
RECEIVING SCHOOL DISTRICT (INTERDISTRICT REQUESTS ONLY)	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments: _____	
District Administrator's Signature: _____ Date: _____	
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