

Effective School Year: _____

INTRA/INTERDISTRICT ATTENDANCE PERMIT

Santa Maria Joint Union High School District (SMJUHS D)

2560 Skyway Drive, Santa Maria, CA 93455

PHONE: 805-922-4573 ext. 4215 FAX: 805-928-9916

EMAIL: daraizaga@smjuhsd.org

- Intradistrict (schools within District)
- Interdistrict (SMJUHS D to another District)
- IDT cancellation

Class of: _____

Student's Last Name	First Name	Date of Birth	Grade (permit in effect)
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			

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)			

- I certify that all information provided in this application and any supporting document(s) is true and correct.
- I am aware that student must continue attending at current school of attendance pending District approval.
- 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: _____	
SMJUHS D 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.	

Año Escolar Efectivo: _____

PERMISO DE ASISTENCIA INTRA/INTERDISTRITO

Distrito Unificado de las Preparatorias de Santa Maria (SMJUHS D)

2560 Skyway Drive, Santa Maria, CA 93455

TELÉFONO: 805-922-4573 ext. 4215 FAX: 805-928-9916

CORREO ELECTRÓNICO: daraizaga@smjuhsd.org

- Intradistrict (Escuelas dentro del distrito)
- Interdistrict (Del distrito SMJUHS D a otro Distrito)
- Cancelación de solicitud

Generación del _____

Apellido del Estudiante		Primer Nombre		Fecha de Nacimiento	Grado (Efectivo durante el permiso)
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, si aplica) <input type="checkbox"/> Hogar temporal (Foster/Group Home) <input type="checkbox"/> Compartiendo Hogar (con más de una familia debido a pérdida de vivienda o vivienda económica) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Albergue Temporal <input type="checkbox"/> Temporalmente sin hogar (carro o parque)					
¿Está el estudiante actualmente recibiendo servicios de educación especial? <input type="checkbox"/> Sí <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					

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 D 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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