



**APPLICATION FOR INTERDISTRICT ATTENDANCE PERMIT**

*This form is only used to transfer OUT of Rocklin USD*

New Applicant  Renewal

For Current School Year 20\_\_\_\_ – 20\_\_\_\_

For Next School Year 20\_\_\_\_ – 20\_\_\_\_

TODAY'S DATE \_\_\_\_\_

Please Complete One Form Per Child

Out of County

Placer County Schools

Resident District: ROCKLIN UNIFIED SCHOOL DISTRICT (RUSD)

School of residence \_\_\_\_\_

School of current attendance: \_\_\_\_\_

Requested District: \_\_\_\_\_

Requested school \_\_\_\_\_

Is your child receiving **SPECIAL EDUCATION** or other services?  Yes  No

If yes, which services (*Please check one or more*)

Special Day Class  Resource Specialist Pgm  Speech & Language  Adaptive Phys. Ed.  504 Plan

Other \_\_\_\_\_

Is this student currently under an expulsion order?  Yes  No (If yes, from which school/district?) \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Grade: \_\_\_\_\_ (2018/2019) Grade Next Year: \_\_\_\_\_ (2019/2020)

Physical Address \_\_\_\_\_

*Street / P.O. Box*

*City*

*Zip Code*

Mailing Address \_\_\_\_\_

*Street / P.O. Box*

*City*

*Zip Code*

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Interdistrict Attendance Permits may be approved for the following reasons:** (*Please Check One Box*)

- (1) To meet a child's special mental or physical health needs as prescribed by a physician, school psychologist, or other appropriate school personnel, with concurrence from RUSD.
- (2) When the student has a sibling(s) attending school in another district. Sibling Name(s) \_\_\_\_\_
- (3) To allow a student to continue in his/her current school
- (4) When the parent/guardian provides written evidence that the family will be moving to a new district in the immediate future and would like the student to start the year in that district.
- (5) To participate in a specialized academic program not offered in RUSD. (*Attach supportive documentation*)
- (6) Employment. (*Attach supportive documentation, ie pay stub, work ID, note from etc*)
- (7) To address the childcare needs of the student in grades TK-8. (*Attach supportive documentation*)
- (8) Other reasons. (*Attach supportive documentation*)

**Terms and Conditions/Standards of Interdistrict Attendance Permit Agreement**

1. This application form must be submitted by any deadline established in each district’s policy/regulation. Failure to submit an application by this deadline is good cause for denial.
2. Interdistrict transfer students must annually reapply to both districts. The re-application must be approved by both districts in order for students to continue attending school in the district of enrollment.
3. Any false or misleading information provided to support a request may be grounds to deny, revoke or not renew a permit.
4. The terms and conditions to approve or deny an initial request are included in the board policy/regulation of each district but may include space availability, enrolling siblings in the same district and/or allowing students to complete a school year. The decision whether to approve or deny an initial request will be made by each district in accordance with its policy/regulation.
5. The standards for reapplication are included in the board policy/regulation of each district but may include space availability, district resources, and the enrollment and/or participation in the requested educational program. The decision to renew an existing permit will be made by each district in accordance with its policy/regulation.
6. The terms and conditions for revocation of an existing permit are included in the board policy/regulation of each district but may include violation of district and/or school rules, and/or failure to demonstrate acceptable academic performance, attendance and/or behavior. Any decision to revoke a permit may be made by each district in accordance with its policy/regulation.
7. Transportation to and from school is the responsibility of the parent/guardian.
8. Student athletes must check the CIF eligibility rules before submitting their application.
9. No financial obligation shall be incurred by the district of residence for services rendered under this permit.

***Upon the full execution of this application form, the terms and conditions/standards listed in 1-9 above will form the Interdistrict Attendance Permit agreement between the districts. By signing this agreement you acknowledge that you have read the information above and failure to provide all the required documentation will result in the denial of your Interdistrict Attendance Permit.***

\_\_\_\_\_  
**Parent/Guardian (print name)**

\_\_\_\_\_  
**Parent/Guardian Signature**

<i>For Rocklin Unified School District Office Use Only</i>	
<input type="checkbox"/> <b>Granted</b>	<input type="checkbox"/> <b>Denied</b>
_____ Rocklin Unified School District <i>Superintendent or Designee Signature</i>	_____ Date

<i>For Requested District Office Use Only</i>	
<input type="checkbox"/> <b>Granted</b>	<input type="checkbox"/> <b>Denied</b>
_____ Requested District <i>Superintendent or Designee Signature</i>	_____ Date

***Form may be returned to RUSD via fax: 916-630-4894 or email: amcmillen@rocklinusd.org***