



**APPLICATION FOR INTRADISTRICT ATTENDANCE PERMIT**

**Note:** Please complete this application in its entirety and submit it to the school of residence. Locate your school of residence by accessing the following link. <http://www.schoolworksgis.com/RUSD/schoollocator.html>

APPLICATION IS FOR:  **CURRENT SCHOOL YEAR 20** \_\_\_\_/20\_\_\_\_  **NEXT SCHOOL YEAR 20** \_\_\_\_/20\_\_\_\_

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ REQUESTED SCHOOL: \_\_\_\_\_

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Next Year's Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name(s) of Parent or Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email of Parent or Guardian: \_\_\_\_\_

Program Participation:  Regular Education  Special Education  504 Plan  GATE

Does student receive English Learner Services?  YES  NO

Grades 9-12 only: Has the student participated in High School Athletics in the last 12 months?  YES  NO

School of current attendance: \_\_\_\_\_ School according to residence address: \_\_\_\_\_

I request that my student be allowed to attend the requested school for the following reason(s): \_\_\_\_\_

**Approval of this application is based upon space availability.** During the first ten days of school pupils residing within the attendance area of the school, including students that had an approved Intradistrict Attendance Permit in place for the previous school year, shall have precedence over students attending a school on a new Intradistrict Attendance Permit. Should an overload occur during the first ten days of school, pupils may be returned to their school of residence. Should the school of residence be impacted, said pupils may be transferred to another school. This agreement may be revoked for violations of district rules and/or school rules related to discipline/ behavior/attendance. Transportation is the responsibility of the parent/guardian. (BP/AR 5116.1)

**To Parents of Students Receiving Special Education Services:**

Rocklin Unified School District must ensure a Free Appropriate Public Education (FAPE) for students with disabilities. Prior to finalization of the approval of a transfer for a student with disabilities, the Individualized Education Program (IEP) team will be consulted to determine if the student can be provided FAPE at the school of choice.

**My signature below indicates that I have reviewed and agree to the conditions as set forth in Administrative Regulation (AR 5116.1) regarding Intradistrict Attendance Permits. I also understand that middle and high school designation is based on residence address rather than the elementary school attended.**

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

\_\_\_\_\_  
*Parent/Guardian (signature)*

**FOR SCHOOL PERSONNEL USE ONLY**

*Both schools to retain a copy of conditionally approved agreements.*

Conditionally Approved  Denied Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Principal, school of residence*

*Behavioral/Attendance issues noted:*  YES  NO

Conditionally Approved  Denied Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Principal, requested school*

Parent/Guardian notification (responsibility of the school of residence):

School representative: \_\_\_\_\_ Method of contact: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_