MONSON-SULTANA JOINT UNION ELEMENTARY SCHOOL DISTRICT

10643 Ave 416 -- PO Box 25
Sultana, CA 93666 -- 559/591-1634

INTERDISTRICT ATTENDANCE PERMIT

___ New   ___ Renewal

Date _____

Name _____   Phone (H) _____   (C) _____

Address _____   City _____   Zip _____

Name of Student(s)	Date of Birth	Grade in School for Year Requested

Student's District of Residence _____

I request that the student(s) listed above be allowed to attend _____
School District, through the _____school year.

Reason: ❏   Traditional interdistrict attendance: Education Code 46600-46611
             ❏   Parent employment in the district: Education Code 48204(b)
             ❏   Open Enrollment Act: Education Code 48350-48361
             ❏   School District of Choice: Education Code 48300-48316
             ❏   NCLB Public School Choice: 20 USC 6316, 34 CFR 200.44

Reasons for requesting Interdistrict Attendance Permit *(you may attach additional pages):*
_____
_____
_____
_____

Parent Signature _____   Date
_____

Local School District Action – District of Residence

School District: _____   ❏ Approved   ❏ Denied

_____   _____   _____
Signature - Authorized Representative   *Title*   *Date*

Local School District Action – District of Attendance

School District: _____   ❏ Approved   ❏ Denied

_____   _____   _____
Signature - Authorized Representative   *Title*   *Date*

Distribution: White - File Copy   Canary - District of Residence   Pink - District of Attendance