

Maxwell Unified School District  
PO Box 788/515 Oak Street  
Maxwell, CA 95955  
Phone: (530)438-2291 Fax: (530)438-2693

**INTERDISTRICT ATTENDANCE PERMIT**

Procedure: Parents/Guardians are required to present this application to the district of residence. If the application is accepted, it is then the responsibility of the parents/guardians to present the accepted application to the district which they desire their child to attend.

**New**                       **Continuing**

=====PART ONE – APPLICATION=====

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent(s)/Guardian(s) Name: \_\_\_\_\_  
Parent(s)/Guardian(s) Email Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
District & School of Residence: \_\_\_\_\_  
District & School Which Student Desires to Attend: \_\_\_\_\_

===== PART TWO – REASON FOR REQUEST=====

Please check one area and complete the information requested:

**EMPLOYMENT:** I request transfer of this pupil because of employment under the provisions of Education Code Section 48204(d)  
I am employed by (Name of Employer) \_\_\_\_\_  
(Employment Address) \_\_\_\_\_ (Telephone) \_\_\_\_\_  
Located in the (School District) \_\_\_\_\_

**CHILD CARE:** I request transfer of this pupil because of child care needs, pursuant to Education Code 46600. I have child care  
provided by (Name of Child Care Provider) \_\_\_\_\_  
(Child Care Address) \_\_\_\_\_ (Telephone) \_\_\_\_\_  
Located in the (School District) \_\_\_\_\_

**OTHER:** Change of school of attendance is necessary because (be specific): \_\_\_\_\_  
\_\_\_\_\_

Transportation is not furnished to students living outside the school district. Interdistrict attendance agreements are subject to revocation for unexcused absences and tardiness, cutting school, smoking, willful disobedience, destruction of school properties and violation of State School Laws and Codes, as well as district rules and regulations.

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
SIGNATURE OF PARENTS/GUARDIANS

=====PART THREE – APPROVAL OR DENIAL=====

This agreement is effective only for the school year beginning July 1, 2026 and ending June 30, 2027 and supersedes all prior Interdistrict agreements. No tuition will be charged. The district of attendance will credit Average Daily Attendance (A.D.A.)

**RESIDENT DISTRICT**

APPROVED     DENIED

District of Residence: Maxwell Unified School District

**REQUESTED DISTRICT**

APPROVED     DENIED

Receiving District: \_\_\_\_\_

\_\_\_\_\_  
Signature of District Superintendent/Designee

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of District Superintendent/Designee

Date: \_\_\_\_\_