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New

☐

Continuing

WILLOWS UNIFIED SCHOOL DISTRICT

823 West Laurel Street • Willows, CA 95988
(530) 934-6600 • Fax (530) 934-6609School Year: **2026/27**Expires: **June 20**_____

INTERDISTRICT ATTENDANCE PERMIT

PART ONE – APPLICATION / REASON FOR REQUEST

STUDENT_____ BIRTHDATE_____ GRADE (in 2025/26)_____

PARENT/GUARDIAN_____ PHONE (h)_____ (w)_____

EMAIL ADDRESS_____

PHYSICAL ADDRESS_____

MAILING ADDRESS (If different than above)_____

DISTRICT & SCHOOL WHICH STUDENT DESIRES TO ATTEND_____

REASON FOR REQUEST: Please check one area and complete information requested:

☐ **EMPLOYMENT**: I request transfer of this pupil because of employment under the provisions of Education Code §48204.

I am employed by (Name of Employer)_____

(Employment Address)_____ (Phone)_____

Located in (School District)_____

☐ **CHILD CARE**: I request transfer of this pupil because of child care needs, pursuant to Education Code §46600.

Name of Child Care Provider:_____ Address:_____

Located in (School District)_____

☐ **OTHER**: Change of school of attendance is necessary because (be specific):_____**PART TWO – AGREEMENT**

In the event this application is approved, I understand and agree that:

1. The above named student will be transferred back to his/her district of residence if facilities or programs become unavailable.
2. If the student demonstrates unsatisfactory attendance, scholarship, or citizenship, approval may be canceled.
3. Falsification or misrepresentation of information on this form constitutes grounds for refusal or cancellation of this permit.
4. The parent will assume responsibility for all transportation to and from school.
5. This agreement terminates within 5 years from the close of the approved school year. (Expiration date is listed above)

Printed Name of Parent/Guardian_____

Signature of Parent/Guardian_____

Date_____

PART THREE – CONSULTATION WITH SCHOOL PRINCIPAL

All new interdistrict requests must meet with the appropriate Willows Unified School District school administration.

Parent has discussed this request with_____, Principal of _____ (school).

Principal Signature:_____ Date:_____

PART FOUR – APPROVAL OR DENIAL

DISTRICT OF RESIDENCE:

REQUESTED DISTRICT:

☐ APPROVED☐ DENIED☐ APPROVED☐ DENIED

Reason(s) for Denial:_____

Reason(s) for Denial:_____

DISTRICT OF RESIDENCE: Willows Unified

REQUESTED DISTRICT:_____

Superintendent/Designee_____

Superintendent/Designee_____

Date:_____

Date:_____