

REQUEST FOR INTRA DISTRICT ATTENDANCE PERMIT

	Grade:	Date of Birth:	School Year: 2017-2018	
Student Name:_	LAST	FIRST	MIDDLE	
Home Phone: _		Cell Phone: _		
Address:			Zip:	
Mailing Address	s, if Different:		Zip:	
School now or la	ast Attending:		School of Residence: PHS PVHS	HHS
School Requeste	Reason for Request:			
If Day Care, nar	me of provider:		Phone number:	
Address of prov	ider:			
Has youHas study(Directly guardian Explain	ar student ever been endent been in contact y or Indirectly) "Per ns/ athletes/ alumni/ to :	with any persons associated with a school eachers or other school employ the last 24 months on any non-school expenses.	Yes: What Program/Class:	pation?
Do sibli		rently attend the school to which		s:
Name (s	 s)		Grade(s)	

Contract and Terms must be completed (back page)

Student Services Center Revised 12/19/2016 (Yellow)

INTRA DISTRICT TRANSFER CONTRACT & TERMS

Studen	nt:	Grade:	Date of Birth:					
The student listed above, requested to be approved to attend Union High School District via an Intra District Transfer. If your request is approved you will be required to comply with the specific terms detailed below for the school year 2017/2018. <i>Transportation is the sole responsibility of the parent/guardian.</i> Failure to meet each of the expectations listed below could result in the Intra District Transfer request being immediately revoked. If the transfer is revoked the student will be required to return to his/her home school. All decisions regarding Intra district transfer requests are at the discretion of the Perris Union High School District.								
Contract Terms								
The student will:								
 Maintain positive school attendance by accumulating no more than four (4) days of unexcused absences during the 2017/18 school year. 								
2.	. Refrain from being issued a formal school suspension during the 2017/18 school year.							
3.	3. Earn and maintain a 2.0 Grade Point Average (GPA) at the end of each semester during the 2017/18 school year.							
	Parent / Guardian Signature:	Student Signature:	Date:					
	APPROVED DENIED							
	Date:	Director of Student Services, Pete Herman						

BOTH SIDES MUST BE COMPLETED

Student Services Center Revised 12/19/2016 (Yellow)