

PERRIS UNION HIGH SCHOOL DISTRICT
REQUEST FOR INTRA DISTRICT ATTENDANCE PERMIT

Grade _____ Student ID _____ For School Year: 2016-2017

Student Name: _____ Date of Birth: _____ Age: _____
LAST FIRST MIDDLE

Parent/Guardian: _____ Home Phone: _____ Alternate Phone: _____

Address: _____ Zip: _____

Mailing Address, if Different: _____ Zip: _____

School Last Attended: _____ School now Attending: _____

School of Residence: _____ PMS PHS PVHS HHS VERIFIED School Requested: _____

Reason for Request: _____

If Day Care, name of provider: _____ Phone number: _____

Address of provider _____

- Is your student receiving Special Education Services? No ☐ Yes ☐: What Program/Class: _____
- Has your student ever been Expelled? ☐ No ☐ Yes, Explain: _____
- Has student been in contact with any **persons associated** with the new school regarding athletic participation? (Directly or Indirectly)
"Persons associated" with a school include but are not limited to: coaches/ parent(s)/ guardians/ athletes/ alumni/ teachers/ or other school employees. ☐ No ☐ Yes, Explain: _____
- Has student participated in the last 24 months on any non-school athletic team associated with or coached by new school?
☐ No ☐ Yes, Explain: _____
- Do siblings of the student currently attend the school to which transfer is requested? ☐ No ☐ Yes: Name(s) and Grade: : _____

I agree to the terms and conditions listed below and I understand that if my student should violate any terms they will be subject to being returned to their school of residence:

- All information on the permit must be correct and kept current. Proof of Residency is required if moved into attendance area.
- Approval is subject to space availability at the site requested.
- Student agrees to (maintain a 2.0 GPA, satisfactory attendance rate and no discipline).
- If the transfer is granted, the parent/guardian is solely responsible to provide transportation for the student to attend the school requested.
- Providing false or fraudulent information to gain athletic eligibility can lead to athletic ineligibility of the student as well as sanctions against the school's athletic program.
- PLEASE NOTE: The District may prohibit a transfer if: (1) the transfer would negatively impact either a court-ordered or voluntary desegregation plan or the racial and ethnic balance of the District; or (2) the District has set a limit on the number of students that may transfer.

Parent Signature _____ Date _____

FOR DISTRICT USE ONLY

Approved: ☐ 1st / Fall Semester ☐ 2nd / Spring Semester ☐ Denied/Reason: _____

By: _____ Date: _____

Pete Herman, Director of Pupil Services

☐ DATABASE ☐ Letter/phone ☐ Site Notification ☐ PLP ☐ IC