# KINGS RIVER UNION SCHOOL DISTRICT

3961 Avenue 400, Kingsburg, CA 93631

PLEASE PRINT

Interdistrict Attendance Permit

☐ New ☐ Renewal

Parent/Guardian Name _____ Home Phone _____ Work Phone _____

Address _____ City _____ Zip _____

| Name of Pupil(s) | Date of Birth | Grade |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

The pupil's District of Residence: _____

I request that the above listed pupil(s) be allowed to attend classes in the _____

School District through the _____ - _____ school year.

Reasons for requesting Interdistrict Attendance Permit:

_____

_____

_____

_____

_____

Parent/Guardian Signature Date

IN WITNESS WHEREOF, the governing boards of said districts have reviewed this agreement on the dates indicated below and authorized their representatives to sign it in their behalf.

## District of Residence Action

School District: _____ ☐ Approved ☐ Denied*

Authorized Representative Signature _____ Title _____ Date _____

## District of Attendance Action

School District: _____ ☐ Approved ☐ Denied*

Authorized Representative Signature _____ Title _____ Date _____

This permit is for one school year only and must be renewed annually. Continuation of this agreement is subject to good attendance, proper conduct, acceptable grades, and space available.

*In the event of a denial, the appeal should be directed to the Kings River Board of Trustees.

Distribution: White - District of Residence Canary - District of Attendance Pink - Parent/Guardian