

Walnut Valley Unified School District

880 S. Lemon Avenue • Walnut, California 91789 • Tel. (909) 595-1261

"KIDS FIRST - Every Student, Every Day"

Educational Services

School Year _____

Overflow

Date of Request _____

Original Request

Renewal

Intra-District Attendance Permit

Name of Student(s) _____ Grade _____ Date of Birth _____

_____ Grade _____ Date of Birth _____

Name of Parent _____ Home Phone _____ Work _____

Residence Address _____ City _____ Zip Code _____

Residence of (School Attendance Area) _____

School Now Attending _____ School Requested to Attend _____

School Assigned To _____

Reason for transfer: (If child care, include name, address and phone of person caring for student and reason child care is not within your school attendance area.) _____

I understand that the above student will be transferred back to his/her school of residence if facilities are not available in the school the student wishes to attend or for any of the following reasons: Unsatisfactory attendance, scholarship and citizenship, or for any other reasons as determined by district policy.

I agree to furnish transportation for this student from area of residence in order for him/her to attend the school requested.

Parent Signature _____ Date _____

Date _____

Date _____

Signature, School of Residence _____

Signature, Receiving School _____

Comments _____

Comments _____

Recommended: Yes _____ No _____

Recommended: Yes _____ No _____

This Intra-District Transfer request is Approve _____ / Denied _____.

Signed _____ Title _____

Date _____