

Student Attendance & Welfare Office • 401 Nut Tree Road, Vacaville, CA 95687 (707) 469-2307 • Fax (707) 453-7115 • Email: rransfers@vacavilleusd.org

2023 - 2024 INTERDISTRICT ATTENDANCE PERMIT - RELEASE OUT

New Application Renewal				
Name of Student	Birthdate	2023-2024 Grade	Current S	chool of Enrollment
	1	1		
Explain the reason for InterDistrict Attendance Per	mit request below	v:		
Approval or denial is based	d on Board Policy	and Administrative R	egulation 5117.	
NAME OF PARENT/LEGAL GUARDIAN:		EMAIL:	·	
HOME ADDRESS:	City (W)			Zip
How long have you lived at above address?	PHONE: (H)	(W)	(C)
IS STUDENT CURRENTLY EXPELLED FROM A SCHO	OOL? YES	NO	_	
IF YES, FROM WHAT DISTRICT?				
SPECIAL PROGRAM / SPECIAL EDUCATION STUDE If yes, check one of the following: RSP SDC	NT WITH CURREI Speech	NT IEP? YES Other (j	NO please specify) _	
District of attendance will be res	oonsible for all ex	penses incurred by s	pecial needs stu	udents.
School AND District of Desired Attendance:			1	
	School	ol(s)		District
I affirm that the above is a true and complete statement. Signature of Parent/Legal Guardian:				Date
NOTE: APPROVAL OF THIS REQUEST DOES NOT I Attendance of pupils shall be credited to the district of at district of attendance shall not charge tuition for attenda 46601 and 46604.	ttendance for purpo	oses of determining stat	te apportionment	RRICULAR ACTIVITIES. s and revenue limits. The
Students are expected to continue attending school regi	ularly until the Perr	mit is approved and they	/ are ready to en	roll in their new school.
SCHOOL DISTRICT OF RESIDENCE				
APPROVED DENIED Andrea Kammar	n, Director, Studen	t Attendance & Welfare		Date
If denied, reason:				
SCHOOL DISTRICT OF DESIRED ATTENDANCE				
APPROVED DENIED Superintendent/D	Director of Student	Services D	istrict	Date

If denied, reason: ___