

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

2024 - 2025 INTERDISTRICT ATTENDANCE PERMIT - RELEASE OUT

New Application Renewal					
Name of Student		Birthdate	2024-2025 Grad	de Current	School of Enrollment
			1	1	
Explain the reason for InterDistrict Atter	ndance Perr	mit request below	/ :		
Approval or den	nial is based	on Board Policy	and Administrativ	ve Regulation 511	<u>7</u> .
NAME OF PARENT/LEGAL GUARDIAN:			EM	AIL:	
HOME ADDRESS:			City		Zip
HOME ADDRESS:	F	PHONE: (H)	(W) _		_(C)
IS STUDENT CURRENTLY EXPELLED FR					
IF YES, FROM WHAT DISTRICT?					
SPECIAL PROGRAM / SPECIAL EDUCATI If yes, check one of the following: RSP	ON STUDEN SDC	NT WITH CURREN Speech	NT IEP? YES 504 Oth	NO er (please specify)	
<u>District of attendance</u>	will be resp	oonsible for all ex	penses incurred b	y special needs s	students.
School AND District of Desired Attendance	ce:			1	
· · · · · · · · · · · · · · · · · · ·		School	ol(s)		District
I affirm that the above is a true and complete Signature of Parent/Legal Guardian:					Data
NOTE: APPROVAL OF THIS REQUEST D Attendance of pupils shall be credited to the district of attendance shall not charge tuition 46601 and 46604.	district of at	tendance for purpo	oses of determining	state apportionme	nts and revenue limits. The
Students are expected to continue attending	<mark> school regu</mark>	<mark>ılarly until the Perr</mark>	nit is approved and	they are ready to e	enroll in their new school.
SCHOOL DISTRICT OF RESIDENCE					
APPROVED DENIED Andı	rea Kamman	n, Director, Student	t Attendance & Well	fare	 Date
If denied, reason:					
SCHOOL DISTRICT OF DESIRED ATTENDANCE					
APPROVED DENIED Supe	rintendent/D	Pirector of Student	Services	District	Date

If denied, reason: ___