

**Madera Unified School District
INTERDISTRICT ATTENDANCE PERMIT**

Please return to:
Director of Student Services
Madera Unified School District
1902 Howard Rd , Madera, CA 93637
(559) 675-4500 Ext. 237
FAX (559) 675-8013

Date _____

Madera County (E.C. 46000 et seq.)

New ☐ Renewal ☐

School Year _____

REQUEST

Parents/Guardians:

Name _____ Work Phone () _____

Name _____ Work Phone () _____

Address _____

City _____ CA Zip Code _____ Home Phone () _____

Pupil Information:

Name (Last) (First)	Date of Birth	Grade

I request that my child(ren) be allowed to attend classes at _____ School in the
_____ School District through the _____ school year.

Parent/Guardian Signature

Reasons for requesting Interdistrict Attendance Permit:

(May attach additional pages)

AGREEMENT

The Governing Board of the School District indicated below hereby agree to permit the attendance of the pupils as requested for the school year 20____ - 20____, subject to the following terms:

- (a) INTERDISTRICT ATTENDANCE PERMIT MUST BE RENEWED ANNUALLY.
- (b) This permit may be revoked for poor attendance, improper conduct, unacceptable grades, and approval is subject to space available.

Approved/Denied - - MUSD School Administrator _____ Date _____	
<u>DISTRICT OF RESIDENCE</u> ____ Approved ____ Denied* _____ 20____ ____ School District By _____ ____ Authorized Signature ____ ____ Title	<u>DISTRICT OF ATTENDANCE</u> ____ Approved ____ Denied* _____ 20____ ____ School District By _____ ____ Authorized Signature ____ ____ Title

MUSD /Form 24a (03/04)