

**REQUEST FOR INTERDISTRICT ATTENDANCE PERMIT  
BERRYESSA UNION SCHOOL DISTRICT**

1376 Piedmont Road - San Jose, CA 95132 - Phone (408) 923-1830 - Fax (408) 254-1802

School of Residence: _____	School Year: 20 ____ /20 ____	<input type="checkbox"/> New Request	<input type="checkbox"/> Renewal Request
District Requested: _____		School Desired: _____	

This form is used by parents/guardians requesting a permit allowing their child to attend school in another district (i.e., district requested) rather than the district in which they live (i.e., district of residence). Special Note: Transfer requests made because a parent/guardian works in the requested district are known as Allen Bill Requests; these requests are subject to special Education Code provision as noted below.

**STUDENT AND PARENT/GUARDIAN INFORMATION**

Student Name _____	Birthdate ____ / ____ / ____	Grade _____	M ____ F ____
		Month / Day / Year For Requested School Year	
Parent/Guardian's Names _____			
Home Address _____		City _____	Zip Code _____
Home Phone _____	Work Phone (Mom) _____	Work Phone (Dad) _____	
If the student receives special services, indicate which type below.			
<input type="checkbox"/> 504 Plan <input type="checkbox"/> Speech <input type="checkbox"/> Special Day Class <input type="checkbox"/> Resource Specialist Program <input type="checkbox"/> Other _____			
Signature of Special Education Administrator (Required) _____			Date _____

**REASON(S) FOR THE REQUEST**

Please check one or more of the reasons for the request listed below and then, if necessary, use the space to the right to further explain. In your explanation please specifically note the reasons which you are basing your request. Attach supporting documentation if required.

<u>Reasons for the Request</u>	<u>Explanation if Necessary</u>
<input type="checkbox"/> Child Care (attached verification letter)	
<input type="checkbox"/> Change of Residence - Address Verified by _____	
<input type="checkbox"/> Employment within District (attached verification letter)	
<input type="checkbox"/> Other _____	

**PARENT/GUARDIAN STATEMENT**

In making this request, I understand the following conditions: 1) approval by both districts is required; 2) the district requested may investigate the student's attendance, behavior, and academic records before acting on the request (academic records are not investigated with Allen Bill requests); 3) if granted, this permit will be in force for one (1) year and will remain in force only if the student meets the attendance, behavior, and academic requirements of the district requested; 4) if the permit is granted, the student and parent/guardian will be expected to cooperate with school personnel; 5) if the permit is granted, the parent/guardian will be responsible for the student's transportation to and from school; and 6) if the request is denied by the district, and all appeal rights have been exhausted in the district, I have the right to appeal the decision to the Santa Clara County Board of Education (no County Board appeal right for Allen Bill Transfers). I hereby certify that the student and parent/guardian information provided above is accurate and that I understand and agree to the above stated conditions. I understand falsification of information will be justification for revoking or denying a transfer and my child's transfer. I further understand intentionally giving false information is considered to be fraudulent.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>DISTRICT OF RESIDENCE</b>	
<b>Approval</b> <input type="checkbox"/>	<b>Denial</b> <input type="checkbox"/>
Reason(s) for Decision if Denied: _____	
Administrator: _____	Date: _____
Phone: (408) 923-1830	Fax: (408) 254-1802

<b>DISTRICT REQUESTED</b>	
<b>Approval</b> <input type="checkbox"/>	<b>Denial</b> <input type="checkbox"/>
Reason(s) for Decision if Denied: _____	
Administrator: _____	Date: _____
Phone: _____	Fax: _____