

All applications must include the documentation to support the reason indicated on the application. Below is a chart of documentation that must be attached to the application at the time of submission. Please note that incomplete applications will not be processed.

REASON FOR REQUEST	Documentation Required
<p>Child Care</p> <p><i>Both parents/guardians must be employed</i></p> <p><i>Child Care provider must be located within the boundaries of the proposed district of attendance.</i></p>	<p><i>Proof of employment for all parents/guardians who are involved in the student's life on a day to day basis:</i></p> <ol style="list-style-type: none"> 1. Copy of recent pay stub (last 30 days), AND 2. Letter from supervisor, office manager or human resources on the employer's stationary verifying schedule (hours and days) and location of employment. (If self-employed, letter stating schedule (hours and days) and location of employment and copy of business license or permit), AND <p><i>Letter from the adult, center or organization providing child care containing:</i></p> <ol style="list-style-type: none"> 1. Name, address and contact information of the adult, center or organization, AND 2. Child care license number and fees, if applicable, AND 3. Hours of operation for the center or organization, and hours that the student is under care, AND 4. Length of time student has been under care by the adult, center or organization. If child care is provided by a private individual, in addition to the above, please provide a copy of a current (not past 30 days) utility bill (Utility bills accepted: landline phone, gas, electricity, water, trash, cable, mortgage statement), And <p><i>Letter from parent/guardian explaining the circumstances that an interdistrict is necessary under child care reasons.</i></p>
<p>Parent Employment</p> <p><i>The address of employment MUST be located within the boundaries of the proposed district of attendance. Only one parent needs to work within the boundaries.</i></p>	<p><i>Proof of current employment at a work location within the boundaries of the proposed district of attendance:</i></p> <ol style="list-style-type: none"> 1. Copy of a recent pay stub (not past 30 days), AND 2. Letter from supervisor or office manager or human resources on the employer's stationary verifying schedule (hours and days) and location of employment. (If self-employed, letter stating schedule (hours and days) and location of employment and copy of business license or permit), AND <p><u><i>Letter from Parent or guardian explaining the circumstances that an interdistrict permit is necessary under parent employment reasons.</i></u></p>
Change in Residence	<p>Proof of impending real estate transaction:</p> <p>Copy of escrow papers or Utility bill under parents name (bills accepted: landline phone, gas, electricity, water, trash, cable, mortgage statement)</p>
Siblings	<p>Proof that sibling is currently attending a school in the proposed district of attendance:</p> <ol style="list-style-type: none"> 1. Letter from parent/guardian including sibling's name, grade and school of attendance, AND 2. Copy of sibling's last report card.
Senior Option or Continued Enrollment	<p>Proof that child is currently attending a school in the proposed district of attendance:</p> <ol style="list-style-type: none"> 1. Copy of student's last report card.
Academic Program	<p>Copy of the flyer, brochure, or other information material detailing the Magnet Program in which the student is interested and what part of the program is implemented at the child's grade level. (After School Enrichment or high school pathways programs do not meet the qualifications of a Magnet Program.)</p>

TERMS AND CONDITIONS: This attendance permit is subject to all the terms, conditions, and limitations of the Inter-District Attendance Agreement made or to be made between the above stated District of Residence and District of Attendance. Upon receipt of all required signatures, register your child at the requested school.

All permits are subject to review and cancellation at any time at either District's discretion for reasons including but not limited to: excessive absences or tardies, enrollment overloads, unacceptable behavior/discipline problems, academic problems. **P.U.S.D. will not absorb any excess costs related to acceptance of this permit.**



Paramount Unified School District

Department of Student Services

15110 S. California Avenue
Paramount, California 90723
(562) 602-6035 Fax (562) 602-8121

☐ New ☐ Renewal
School Year 20__-20__

INTERDISTRICT ATTENDANCE PERMIT

PART A - APPLICATION

Student Name: _____ D.O.B: _____ Grade: _____ Contact Numbers: () _____

Parent/Guardian Name: _____

Address: _____
Number Street City Zip

School of Residence: _____ Current School: _____

Requested School: _____ Requested School District: _____

Does student qualify for Special Services? ☐ YES ☐ NO

Reason for Permit Request: ☐ Child Care (K-8) ☐ Employment ☐ Senior ☐ Change in Residence (explain below)
☐ Sibling ☐ Magnet Program

Explanation: _____

☒ Parent/Guardian Signature: _____ Date: _____

Permits need to be renewed when changing schools

PART B - RELEASE BY DISTRICT OF RESIDENCE

I have read the terms and conditions on page two and understand the regulations and policies governing inter-district permits and hereby submit my application. I declare under the penalty of perjury that the information provided above is true and accurate. I understand that the information provided is subject to verification and that the mere act of completing this application and providing all the documentation DOES NOT guarantee that the request will be approved or granted.

Decision: ☐ APPROVED ☐ DENIED Comments: _____

Authorizing Signature: _____ Date: _____ **Title: Director, Student Services**

If you wish to appeal this decision please contact Student Services within 14 days of this denial at (562) 602-6035.

Office use only

1st Appeal Date: _____ **Decision:** ☐ APPROVED ☐ DENIED **Director Signature** _____

For a 2nd appeal you will be required to submit a written appeal application within _____ days to Student Services
Date submitted: _____

2nd Appeal Date: _____ **Decision:** ☐ APPROVED ☐ DENIED **Assistant Superintendent** _____
If 2nd appeal is denied you have 30 days to file an appeal through LACOE at (562) 922-6233

PART C - ACCEPTANCE FROM DISTRICT REQUESTED

Decision: ☐ APPROVED ☐ DENIED Comments: _____

Authorizing Signature: _____ Date: _____

Title: _____ Telephone Number: () _____