

**BASS LAKE JOINT UNION ELEMENTARY SCHOOL DISTRICT
INTRADISTRICT ATTENDANCE PERMIT**

Parents / Guardians _____ Date _____ New _____ Renewal _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Name of Pupil(s)	Date of Birth	Grade	Name of Pupil(s)	Date of Birth	Grade

The pupil(s) reside in the _____ School attendance area.
 I request that my child(ren) be allowed to attend classes at _____ School in the Bass Lake School District during the _____ school year (one year only). In making this request, I understand that the intradistrict transfer may be canceled at any time and is subject to good attendance, proper conduct, and acceptable grades. Further, I understand that the intradistrict transfer may be canceled if a student living within the boundary of the school enrolls and that enrollment would increase the class load beyond the state mandated enrollment cap. In addition, I understand that transportation is my responsibility and will not be provided by the district.

 Parent/Guardian Signature Date

Reason for requesting Intradistrict Attendance Permit:

May attach additional pages as necessary

School District Use Only	
Name of releasing school: _____	Releasing school principal talked to on: (date) _____,
_____ Request Approved _____ Request Denied by releasing Principal	
_____ Signature of releasing Principal	Date _____
Name of receiving school: _____	Receiving school principal talked to on: (date) _____,
_____ Request Approved _____ Request Denied by receiving Principal	
_____ Signature of receiving Principal	Date _____