

ROSEMEAD SCHOOL DISTRICT
Rosemead, CA 91770
INTERDISTRICT ATTENDANCE PERMIT REQUEST

SCHOOL YEAR: _____

Renewal Permit

New Permit

Name of Pupil _____

Entering Grade _____ Present Grade _____ Age _____ Birthdate _____

Name of Mother _____ Name of Father _____

Home Address _____
Street City Zip Code

Home Phone _____ Parent's Work Phone _____

Cell Phone _____ Email _____

School of Residence _____

Is your child in any Special Education Programs? Yes No

Please indicate the program attending:

SDC RSP Speech Adaptive P.E. Other (Explain): _____

I hereby request that the student named above be permitted to attend the _____

School in the _____ School District.

My reason for making this request is:

1. **Child Care** (Verified _____ by _____)

Name of sitter or center _____

Address _____

Phone Number _____

2. **Parent's Employment** (Verified _____ by _____)

Name of Employer (Father) _____

Address _____

Phone Number _____

Name of Employer (Mother) _____

Address _____

Phone Number _____

3. **Other** _____

The Rosemead School District reserves the right to refuse any request for transfer or to cancel any transfer granted I, in the opinion of the district administration, the applicant has falsified or misrepresented information concerning this request.

Note: Parent assumes full responsibility for providing needed transportation. This agreement expires at the close of the current school year.

Date _____ Parent's Signature _____

Print Name of Parent/Guardian _____