

**INTERDISTRICT ATTENDANCE PERMIT**

Fountain Valley School District  
 10055 Slater Ave  
 Fountain Valley, CA 92708  
 (714) 843-3250

For School Year \_\_\_\_\_ Only

PLEASE PRINT INFORMATION

**PART A: PARENT/GUARDIAN REQUEST**

Name of student \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
Last First

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

School now attending/last attended \_\_\_\_\_

Is student an identified Special Education student? **NO** **YES** Name of Program \_\_\_\_\_

Requesting transfer from \_\_\_\_\_ School in the Fountain Valley School District to  
Name of Home School  
 \_\_\_\_\_ School in the \_\_\_\_\_ School District.  
Name of requested school Name of requested district

Reason for requesting this transfer \_\_\_\_\_

I understand that this transfer permit, if approved, may be revoked if class or school enrollment exceeds District's capacities, if my student's attendance, scholarship, and/or citizenship is/are not satisfactory, if I provide false information in making this request or for other reasons as determined by District policy.

**I understand that by State law and District policy that inter-district transfers are valid for one year only, must be renewed annually and are not guaranteed for renewal from year to year.** I agree to notify the school of attendance of any change in conditions that have necessitated this transfer. I shall provide necessary and timely transportation. If separated or divorced, I certify that I am the custodial parent/guardian.

\_\_\_\_\_  
 Print Parent/Guardian Name Parent/Guardian Signature Relationship Daytime Phone Date

**PART B: RELEASE BY DISTRICT OF RESIDENCE**

The above transfer request is **Recommended** **Not Approved** \_\_\_\_\_

If this transfer is not approved you may appeal within thirty days to the Orange County Department of Education, Coordinator of Student Services at (714) 966-4437.

\_\_\_\_\_  
 Signature of District Representative Title Telephone Date  
(714) 843-3250

**\*\* FVSD will not be responsible for any additional out of district expenses. This transfer does not authorize release of Special Education funds to receiving district.**

**PART C: ACCEPTANCE BY DISTRICT OF ATTENDANCE**

Attendance of pupil shall be credited to the district of attendance for apportionment purposes, and the credit for such apportionment shall constitute full payment for any and all services rendered under this agreement by the district of residence.

The above-named student is **Accepted** **Not Accepted**  
 for attendance in the \_\_\_\_\_ School District.

\_\_\_\_\_  
 Signature of District Representative Title Date

**Distribution:** District of Residence (**White**); Receiving School District (**Yellow**); School of Attendance (**Pink**); Parent (**Goldenrod**)