

Pasadena Unified School District
Office of Enrollment, Permits & Student Records
351 S. Hudson Avenue Room 123
Pasadena, CA 91109
(626) 396-3639
Interdistrict Attendance Permit

School Year _____ Grade _____

Student Name _____ Date of Birth _____

Address _____ City/Zip _____

Daytime Phone _____ Cell Phone _____

District of Residence _____ District Desired _____

School of Residence _____ School Desired _____

Is student in Special Education? Yes No If yes, RSP SDC Speech only

Is student currently under an expulsion order? Yes No

The District may grant a request based on Board Policy /Administrative Regulations 5117 and Ed Code as listed below. Incomplete applications will not be processed. All established timelines must be met.

(TO EXIT) Check reason for request and provide supporting documents/verification with the request.

- Specialized Program that is not offered in PUSD (This does not include Special Education Programs.)
- Continuing Enrollment
- Sibling already attends the requested district.
- Childcare provider who provides care in the requested district.
- Parent Employment (at least one parent must work full time in the requested district)
- Safety and Protection (either school or CWAS documentation needed)
- Exceptions may be granted for extenuating circumstances with relevant supporting documentation

(TO ENTER) Release from district of residence must be provided. Check reason for request and provide supporting documents/verification with the request.

- Specialized Program (This does not include Special Education Programs.)
- Continuing Enrollment
- Sibling
- Childcare
- Parent Employment
- Safety and Protection

I understand the granting of this permit is subject to the following conditions:

1. No financial obligation shall be incurred by Pasadena Unified School District.
2. Falsification of information on this form constitutes grounds for refusal or cancellation.
3. Transfer pupils accepted into PUSD must maintain satisfactory citizenship, attendance and scholarship.
4. This permit agreement may be revoked at anytime due to breach of the agreement.
5. This agreement will expire when student transitions to new school and/or district.

Date _____ Parent Name (Print) _____ Signature _____

Email : _____

ACCEPTED /APPROVED **NOT ACCEPTED /DENIED (DOES NOT MEET CRITERIA)**

School assigned/District released to: _____

Date: _____ Signature: _____ Title: _____
