

Check one: New Application ____
Renewal ____

(INTER)

SCHOOL YEAR: _____

**NORTHERN HUMBOLDT UNION HIGH SCHOOL DISTRICT
APPLICATION FOR INTERDISTRICT ATTENDANCE PERMIT**

Name of Student _____ Grade Level _____

Address of Student _____
Street Number _____ City _____ Zip _____

District/School of Residence : _____

Proposed District/School of Attendance: _____

PLEASE EXPLAIN REASON(S) FOR REQUEST

Is your child receiving, or has your child received, special education services? YES NO
If yes, identify services _____

I UNDERSTAND THE FOLLOWING TERMS OF THIS PERMIT:

- A. The failure of a pupil to maintain scholarship, conduct and attendance records which are satisfactory to the superintendent of the **school district of attendance** shall constitute grounds for the cancellation of this permit.
- B. **Inter**-district attendance permits may be granted ONLY for the current school year and approval is dependent upon space being available.
- C. The Northern Humboldt Union High School District assumes no obligation for pupil transportation.
- D. The **school district of residence** retains responsibility for special education services and related costs.
- E. In the Humboldt Del Norte Athletic League any student who changes schools without a change in residence **may automatically lose one year of high school athletic eligibility** and they may not be able to compete for one year in high school athletics. Check with your new Principal.
- F. Approved student who leave during the year, when school is in session, **must check out of each class and turn in all of their materials** or this application will be denied.

Name of Parent (please print) _____

Parent/Guardian Signature _____ Date _____

Address _____ Phone _____
Street Number _____ City _____ Zip _____

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PLEASE RETURN COMPLETED FORM TO THE DISTRICT SUPERINTENDENT OF NORTHERN HUMBOLDT UNION HIGH SCHOOL DISTRICT, 2755 MCKINLEYVILLE AVENUE, MCKINLEYVILLE, CA 95519. FAX: (707) 839-6477

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ACTION OF DISTRICT OF RESIDENCE: Approved Denied Revoked _____ (date)

Comments: _____

SUPERINTENDENT'S SIGNATURE: _____ Date _____

ACTION OF DISTRICT OF ATTENDANCE: Approved Denied Revoked _____ (date)

Comments: _____

SUPERINTENDENT'S SIGNATURE: _____ Date _____
