

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

Name of Student _____ Grade _____

Address of Student _____
Street Number _____ City _____ Zip _____

School of Residence: _____

School of Attendance: _____

PLEASE CHECK REASON(S) FOR REQUEST:

- Parents moving and student wishes to remain in same school until end of semester.
- Student desires a course of study not offered at school of residence.
- Student in 12th grade and wishes to remain and graduate with class.
- Parents will soon move to new attendance area and do not want student's education to be interrupted.
- Other _____

PLEASE EXPLAIN REASON(S) CHECKED ABOVE

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. **Intra**-district attendance permits (between NHUHSD schools) do not need to be renewed yearly.
- C. The Northern Humboldt Union High School District assumes no obligation for pupil transportation.
- D. In the Humboldt Del Norte Athletic League any student who changes schools without a change in residence **may automatically loose 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 _____

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

Approved Denied Revoked on _____ (date)

Comments: _____

SUPERINTENDENT'S SIGNATURE: _____ Date _____