WEST COVINA UNIFIED SCHOOL DISTRICT 1717 W. Merced Ave., West Covina, CA 91790 (626) 939-4600 INTRA-DISTRICT ATTENDANCE PERMIT APPLICATION

(For student transfers between schools within the West Covina Unified School District)

YOU MAY EMAIL THE COMPLETED FORM TO THE PRINCIPAL OF YOUR SCHOOL OF REISDENCE, OR MAIL THE FORM TO THE OFFICE OF STUDENT SERVICES AT THE ADDRESS ABOVE

For School Year [] 1 st an	d/or [] 2 nd Semester	[] New	[] Renewal
Student	_ Transfer Grade	Age Birthdate_	
Address	_ City	Zip Code_	
Parent's Name	_Phone	Work Phone	
RELEASING/RESIDENCE SCHOOL			
REQUESTED SCHOOL			
Reason for Request: Continue in Same School	Other (please expl	ain)	
 [] Currently enrolled in or receiving services: Adaptive Physical Education (APE) Special Education (IEP) Special Physical Health Care Section 504 Plan 1. This permit expires at the end of annually. 2. Parent assumes all responsibility 3. A student on permit must mainta behavior, and academic progress. 4. A permit may be revoked or cancavailable. Note: Voluntary transferees to Corona West Covina or Edgewood High 	the current school year. for transportation. in satisfactory attendanc. celled if the above condit	ce (including arrival and de ions are not met or when sp	submitted parture), pace is no longer
Parent Signature	Print Parent N	Name	Date
ACTION BY RELEASING/RESIDENCE SCHOOL [] RECOMMENDED Terms	[] R EC	BY DIRECTOR OF STUD	
[] NOT RECOMMENDED Reason		RECOMMENDED son	
Administrative Signature Date	- Adn	ninistrative Signature	Date