

LAGUNA BEACH UNIFIED SCHOOL DISTRICT
550 Blumont Street, Laguna Beach, CA 92651
Business Services Department 949/497-7700 x212

INTERDISTRICT ATTENDANCE PERMIT
School Year 20 ____ to 20 ____

Name of Pupil _____ Age _____ Grade _____

Address _____ Home Telephone _____

City, State Zip _____ Work Telephone _____

I request that my child, named above, be permitted to attend _____ School
located in the _____ School District.

Last School Attended _____ Renewal: Yes _____ or No _____

I certify that the reason for this request is as follows: _____

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

RELEASE BY DISTRICT OF RESIDENCE (Board Policy # 5035)
(To be completed by district of residence.)

The above named pupil is released by the Laguna Beach Unified School District and granted permission for attendance in the
_____ School District.

Signature of Authorizing Agent – District of Residence Title

Board Action Date _____ **Approved** _____ **Denied** _____

ACCEPTANCE BY DISTRICT OF ATTENDANCE
(To be completed by accepting district.)

The above named pupil is accepted for attendance in the _____ School District and
assigned to the _____ School. Attendance of said 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 permit by the district of residence.

Signature of Authorizing Agent – District of Attendance Title

Board Action Date _____ **Approved** _____ **Denied** _____

DISTRIBUTION: District of Residence – White School of Residence – Canary
School of Attendance – Pink Parent/Guardian – Goldenrod