San Bernardino City U.S.D. Enrollment & Placement Services 700 N F St. San Bernardino CA. 92410

## School Districts of San Bernardino County **Application of Interdistrict Attendance Permit**

N	Iew Request 🔲 R	enewal	ex. (16-17) School	Year Grade		
Student Name	-				Female	
School Currently Attending			Siblings Requesting a Trans			
School District of Resi	idence		School District of Desired Attendace			
Parent/Guardian Name			School Requested			
Address						
City	Zip		504 Student Yes			
	Telephone #			IdentificationCategory, if yes		
<b>Home</b> s the student currently	V	Vork		<i>3</i>		
	residence this yeant year after anoth	nr. Attach a copy of er attendance area	sician or clinical psycho escrow or similar docu	_		
<u> </u>			ate Sheet if Necessary	7		
Child Care Person/Agency		Employer Info	ormation-Father	Employer Informati	on-Mother	
Name:		Name:		Name:		
Address:		Address:		Address:		
City:	Zip:	City:	Zip:	City:	Zip:	
Phone #:		Phone #:		Phone #:		
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Name of child care p	oroviaer:					
Name of child care p			D CONDITIONS			
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