

**Yosemite Unified School District**

50200 Road 427  
Oakhurst, California 93644  
(559) 683-8801

**INTERDISTRICT ATTENDANCE PERMIT**

Date \_\_\_\_\_  New  Renewal

Parents/Guardians:

Name: \_\_\_\_\_

Work Phone \_\_\_\_\_

Name: \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Name of Pupil(s)	Date of Birth	Grade/Sp.Ed.

The pupil(s) reside at \_\_\_\_\_, California.

I request that they be allowed to attend classes at/in the \_\_\_\_\_  
School District, through the \_\_\_\_\_ school year.

**Continuation is subject to good attendance, proper conduct, acceptable grades, and space available.**

Parent/Guardian Signature \_\_\_\_\_ Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Reasons for requesting Interdistrict attendance Permit:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(May attach additional pages)

Local School District Action – District of Residence	
School District _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied *
School _____	
Term(s) _____	
Authorized Representative _____	Date _____
Title: _____	
Local School District Action – District of Attendance	
School District _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied *
School _____	
Term(s) _____	
Authorized Representative _____	Date _____
Title: _____	

\*In the event of a denial, the appeal should be directed to the County Superintendent of Schools (559) 673-6051.

**Any violation of 48900 of the CED is cause to revoke this Interdistrict Attendance Permit**

**NOTE:** Acceptance of an Interdistrict Attendance Agreement does not necessarily constitute CIF approval of athletic eligibility.