



**BONITA UNIFIED SCHOOL DISTRICT**  
 115 West Allen Avenue, San Dimas, CA 91773  
 (909) 971- 8200 ext. 5321

GRID CODE:  
 \_\_\_\_\_

**INTERDISTRICT ATTENDANCE PERMIT APPLICATION**  
 20 \_\_\_\_ - 20 \_\_\_\_ School Year

1. *If this permit is granted, parent/guardian must assume full responsibility for transportation*
2. *Falsification of information below constitutes grounds for denial of the permit request*
3. *If this permit is granted, no financial obligation will be assumed by Bonita Unified School District*
4. *Approval of this permit by the requested district is subject to the criteria, policies and timelines established by that district.*

Student Name: \_\_\_\_\_ Transfer Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

E-mail Address (Optional): \_\_\_\_\_

Bonita Unified School of Residence: \_\_\_\_\_

Requested District: \_\_\_\_\_ Requested School: \_\_\_\_\_

**Does the student receive Special Education Services?** If yes, what program? \_\_\_\_\_

**Reason for requesting release from Bonita Unified School District:**

Change of Residence, Date: \_\_\_\_\_

End of Sequence, Entering Grade: \_\_\_\_\_

Child Care, Provider: \_\_\_\_\_

Unique Educational Program, Describe below:

(K-8 only) Address: \_\_\_\_\_

\_\_\_\_\_

City, Zip: \_\_\_\_\_

Other Special Circumstances, Describe: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
**Parent/Guardian Signature** **Date**

**ACTION BY BONITA UNIFIED SCHOOL DISTRICT**

Approved

Denied, Reason: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**ACTION BY RECEIVING DISTRICT**

Approved for attendance by the \_\_\_\_\_ School District

Denied, Reason: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**