

**SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT**

1651 Sixteenth Street • Santa Monica, CA 90404 • (310) 450-8338

**INITIAL INTERDISTRICT PERMIT APPLICATION**

*School Year 2011-2012*

- Please include a release from your resident school district with this application.
- Students who are eligible for Special Education Services must also obtain an Inter-SELPA Agreement for Individuals with Exceptional Needs, in addition to the Interdistrict Permit Release from the resident school district.

**Please Print**

_____	_____	_____	_____	_____
<i>Student's Last Name</i>	<i>First Name</i>	<i>Male/Female Gender</i>	<i>Birth Date</i>	<i>Grade for 2011-2012</i>
_____				
<i>Address</i>	<i>Apt. #</i>	<i>City</i>	<i>Zip Code</i>	<i>Phone Number</i>
_____				
<i>School and District of Residence</i>			<i>SMMUSD school requesting</i>	
_____				
<i>Email</i> _____				

<b>FAMILY INFORMATION: Lives with:</b> <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other _____
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<b><u>Brothers/Sisters (Age 18 and under) enrolled in SMMUSD:</u></b>					
_____					
_____	_____	_____	_____	_____	_____
<i>Name, first &amp; last</i>	<i>School attending</i>	<i>Grade for 2011-2012</i>	<i>Name, first &amp; last</i>	<i>School attending</i>	<i>Grade for 2011-2012</i>
_____					
_____	_____	_____	_____	_____	_____
<i>Name, first &amp; last</i>	<i>School attending</i>	<i>Grade for 2011-2012</i>	<i>Name, first &amp; last</i>	<i>School attending</i>	<i>Grade for 2011-2012</i>

**Type of Permit Requesting:**

- \_\_\_ **SMMUSD Employee** (*Provide Proof of Employment & Release from Residence District*)
- \_\_\_ **Employee of the City of Santa Monica or the City of Malibu** (*Provide Proof of Employment & Release from Residence District*)
- \_\_\_ **Santa Monica College Employee** (*Provide Proof of Employment & Release from Residence District*)
- \_\_\_ **Alumni** (*Provide copy of High School Diploma and Release from Residence District*)
- \_\_\_ **Parent employed within the Santa Monica or Malibu school district boundaries** (*Provide Proof of Employment & Release from Residence District*)
- \_\_\_ **Opportunity** (*Permit for Educational Opportunity-Parent does not work within the SMMUSD boundaries. Provide Release from Residence District*)
- \_\_\_ **Edison** (*Provide Release from Residence District*)
- \_\_\_ **SMASH** (*Provide Release from Residence District*)

**Incomplete applications will not be processed**

**PLEASE DO NOT FAX THIS FORM**

**MAIL OR DELIVER TO: 1651 Sixteenth Street • Santa Monica, CA 90404**

**See back side**

**Special Services** (please indicate which if any apply):

Check program for which your child is eligible:

- Gifted and Talented
- Special Education

- English Language Learner
- Section 504

**This permit may be denied or canceled at any time during the school year for any of the following reasons:**

1. Unsatisfactory school attendance/excessive tardiness.
2. Failure to uphold appropriate behavior standards.
3. Failure to make appropriate academic efforts.
4. Failure to provide accurate information will result in immediate cancellation of any granted permit.
5. Students whose parent(s) or legal guardian move out of the district and fail to notify the school of attendance or the District of such move will not be eligible to obtain an interdistrict permit.
6. Student becomes eligible for a program or class other than the one to which he/she was admitted and there is no available space in the new program or class.
7. Reason for the original issuance of the permit by the school district of residence is no longer valid.
8. Parents provide false or misleading information to SMMUSD.

**Parent Agreement:** *I understand that satisfactory behavior, attendance, and grades are required. If, in the opinion of the site administrator, the student's conduct, attendance or effort is below acceptable standards, the student will be returned to the school of his/her residence. Permits are subject to cancellation at any time during the school year.*

I certify that the above information is true and complete. I also certify that I will be available to school personnel as necessary for emergencies, discipline problems, and parent conferences. I also understand that this permit is valid only for the school year in which it is issued.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent /Guardian's Name \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell/Work Phone Number: \_\_\_\_\_

**~FOR DISTRICT USE ONLY~**

Action Taken: \_\_\_\_\_ Student ID Number \_\_\_\_\_

Issued       Denied      If Denied, reason: \_\_\_\_\_

Signature of Authorized School Official \_\_\_\_\_ Date \_\_\_\_\_