



Verification of Continuing Enrollment for Interdistrict Permit Students

To be completed by parent/guardian (Please print)

Form with fields for Student Last Name, First Name, ID#, Birth Date, Gender, Parent/Guardian Name, Contact Number, Email Address, Address, City & Zip Code, District of Residence, Current School, and Annual Support Documentation Attached.

Verification of Continuing Enrollment

Form with checkboxes for 'Yes, my child will continue to be enrolled in SMMUSD' and 'No, my child will not continue to be enrolled in SMMUSD...'.

Terms and Conditions

- List of terms and conditions including attendance standards, permit cancellation reasons, financial obligations, and transportation responsibilities.

Parent Acknowledgement & Signature

I have read and understand the terms and conditions and understand the regulations and policies governing interdistrict permits. I declare under penalty of perjury that the information provided is true and accurate.

Parent/Guardian Signature: _____ Relationship to Student: _____

Mail to: SMMUSD Department of Student Services
1651 16th Street
Santa Monica, CA 90404

Deadline: June 1, 2018

For Office Use Only

Date Received: _____ Received by: _____