

**Mountain Empire Unified School District**  
**3291 Buckman Springs Road \* Pine Valley, CA 91962**  
**(619) 473-9022; FAX (619) 473-9728**

Date Received from Parent:

\_\_\_\_\_

By: \_\_\_\_\_

For School Yr: \_\_\_\_\_

**REQUEST FOR INTRADISTRICT ATTENDANCE PERMIT**

*Requests for next school year will not be accepted prior to May 15 of current school year.*

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address/City: \_\_\_\_\_

Mailing Address/City: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
School of Residence

\_\_\_\_\_  
School of Desired Attendance

Reason for Request: \_\_\_\_\_

Please initial each item below:

\_\_\_\_\_ As a parent or guardian, I am assuming responsibility for the transportation, good citizenship and scholarship, and regular prompt attendance of my child.

\_\_\_\_\_ I understand intradistrict attendance can only be permitted if sufficient space exists in the desired school of attendance.

\_\_\_\_\_ I understand admittance may be postponed should a school or grade level within a school be at, or close to, capacity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

❖ As the administrator of the school of residence, I am aware of this request.

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

❖ As the administrator of the school of desired attendance, I:

Approve this request

Disapprove this request due to \_\_\_\_\_

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

❖ As the superintendent of Mountain Empire Unified School District, I concur in this decision.

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

White: Parent

*Complete District policy/regulation available at [www.meusd.k12.ca.us](http://www.meusd.k12.ca.us)*

Canary: District Office  
Pink: School of Choice  
Goldenrod: School of Residence

*Revised 06/2019*