



INTRA-DISTRICT PERMIT APPLICATION

Submit completed application packet for signatures to both the LAUSD School of residence and requested LAUSD School

School Year Requested _____ to _____ **This is:** Initial permit application A renewal of an existing permit

STUDENT INFORMATION

Student Last Name	First Name	Middle Name	Date of Birth	Grade Requested
Home Address		Apt.	City	Zip Code
Date Moved to This Address _____/_____ Month Year	Name of Most Recent School Attended	Is student currently designated as Special Education or have an Individual Education Program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this student currently under expulsion from the Los Angeles Unified School District? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Ethnicity: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other _____				Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/ Guardian		Name of Parent/Guardian		
Home Address		Apt.	Home Address	Apt.
City, Zip		City, Zip		
Home Phone () ()	Work/Cell Phone () ()	Home Phone () ()	Work/Cell Phone () ()	
E-mail Address (optional)		E-mail Address (optional)		

PERMIT REQUESTED *Check For Additional Required Documents*****

<input type="checkbox"/> Child Care	<input type="checkbox"/> Parent/Guardian Employment	<input type="checkbox"/> Safety and Protection
<input type="checkbox"/> Continuing Enrollment	<input type="checkbox"/> Sibling	<input type="checkbox"/> Exception
Reason for Request: _____ _____		

From: (School of Residence)	To: (School Requested)
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Note: All Intra-District Applications Require Recommendations From Both Schools

Recommended by School of Residence <input type="checkbox"/> YES <input type="checkbox"/> NO If no, reason: _____ _____ Signature of Administrator, School of Residence _____ Date _____ Print Name of Administrator, School of Residence _____ School Stamp Here	Recommended by Requested School <input type="checkbox"/> YES <input type="checkbox"/> NO If no, reason: _____ _____ Signature of Administrator, Requested School _____ Date _____ Print Name of Administrator, Requested School _____ School Stamp Here
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PARENT/GUARDIAN ACCEPTANCE OF TERMS

I have read and understand the terms and conditions governing intra-district permits. I understand that the mere act of completing this application and providing all the required documentation **DOES NOT** guarantee that the request will be approved. I certify under penalty of perjury that the information I supplied is true and correct and that falsification of information is grounds for immediate denial or revocation of permit. LAUSD personnel may verify any or all information provided.

Signature of Parent/Guardian

Date