

# RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

1755 Airport Blvd. ~ Red Bluff, CA 96080 ~ Bus: (530) 527-7200 ~ Fax: (530) 527-9308 [www.rbuesd.org](http://www.rbuesd.org)

## INTRADISTRICT ATTENDANCE AGREEMENT REQUEST

*This form must be submitted annually*

FOR \_\_\_\_\_ SCHOOL YEAR

To: Superintendent of Schools

\_\_\_\_\_ Today's Date

I herewith request that my child(ren), indicated below, be allowed to attend \_\_\_\_\_ School. We currently reside in the \_\_\_\_\_ School attendance area. If this request is approved, it is my understanding that transportation will be provided only in the attendance area of the school my child(ren) will attend.

Individual Education Program (IEP)?  Yes  No

I make this request for the following reason(s): \_\_\_\_\_

Please note: **EMPLOYMENT or CHILDCARE:**  Yes  No

If yes, and the basis for the request is **employment** or **childcare** within a district area, complete Verification of Parent Employment/Childcare information on the back of this form.

(Please Print) Student(s) Names	Name of school currently enrolled	Present grade	Grade level for year requested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Parent or Guardian's signature

\_\_\_\_\_ Mailing Address – please print

\_\_\_\_\_ Parent or Guardian's name – please print

\_\_\_\_\_ Residential Address, if different.

\_\_\_\_\_ Home phone

\_\_\_\_\_ Work phone

**For OFFICE USE:** Continued attendance at school of request is contingent upon:

\_\_\_\_\_ Availability of space      \_\_\_\_\_ Reasonable attendance      \_\_\_\_\_ Reasonable behavior

Approved

Disapproved

\_\_\_\_\_ Principal's signature-sending school

\_\_\_\_\_ Date

Approved

Disapproved

\_\_\_\_\_ Principal's signature-receiving school

\_\_\_\_\_ Date

Approved

Disapproved

\_\_\_\_\_ Superintendent

\_\_\_\_\_ Date

Mailed to Parent/Guardian on: \_\_\_\_\_

# RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

1755 Airport Blvd. ~ Red Bluff, CA 96080 ~ Bus: (530) 527-7200 ~ Fax: (530) 527-9308 [www.rbuesd.org](http://www.rbuesd.org)

## VERIFICATION OF PARENT EMPLOYMENT/CHILDCARE FOR INTRADISTRICT PERMIT

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

I, \_\_\_\_\_ authorize the Red Bluff Union Elementary School District  
*Parent/Guardian name*  
staff to contact my employer/child care provider to verify any information mentioned below and request any additional information if needed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Employment Verification

A permit **may** be granted for a student to attend a school other than the school of residence if at least one of the parents/guardians of the student is employed within the boundaries of that school.

Company's/Employer's Name: \_\_\_\_\_ Employee's Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Days of Employment, be specific (i.e. Mon-Fri): \_\_\_\_\_

Hours of Employment (i.e. 8AM-4PM): \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**This is to certify that the above-named parent/guardian is presently employed by the employer stated above and that the information on this form is true and correct.**

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Date

### Child Care Verification:

A permit **may** be granted for child care reasons to students in grades TK-5 only. The student must be cared for by a Child Care Center or by someone that lives in a district different than the student's place of residence. The child care provider must **complete this portion and provide a copy of the childcare license, if licensed.**

This is to certify that I am the child care provider for the above-named student and that I assume responsibility for him/her during school days between the hours of: \_\_\_\_\_ to \_\_\_\_\_.  
This information will be added to the Aeries Contacts.

\_\_\_\_\_  
Provider's Name:

\_\_\_\_\_  
Provider's Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ST

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Provider's Contact number:

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

#### **For OFFICE USE:**

Childcare provider in Aeries  
Staff Initials: \_\_\_\_\_