

**Bass Lake Joint Union  
Elementary School District**

Randall Seals, Superintendent  
40096 Indian Springs Road  
Oakhurst, CA 93644  
(559) 642-1555 FAX (559) 296-2515

**Interdistrict Attendance Permit**

Madera County (E.C. 46600)

**Parents/Guardians:**

Date \_\_\_\_\_  New  Renewal

Name \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name \_\_\_\_\_

Work Phone: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Pupil(s)	Date of Birth	Grade Entering	Special Education

The pupil(s) reside at: \_\_\_\_\_, California

I request that they be allowed to attend classes at/in the \_\_\_\_\_

School District, through the \_\_\_\_\_ school year. Continuation is subject to good attendance, proper conduct, acceptable grades and space available.

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Reasons for requesting Interdistrict Attendance Permit:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(May attach additional pages)

**Local School District Action: District of Residence**

School District Bass Lake Joint Union Elem. School District  Approved  Denied

Term(s) Contract 1 year only

Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

**Local School District Action : District of Attendance**

School District \_\_\_\_\_  Approved  Denied

Term(s) \_\_\_\_\_

Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

This permit may be revoked by the District of Attendance for violation of stated terms of the agreement.

