

School District of San Bernardino County  
 Application of Inter District Attendance Permit  
**Colton Joint Unified School District** School Year **2024 – 2025**  
 Student Services: 850 E. Washington St. 2<sup>nd</sup> Floor Colton, CA. 92324

If submitting by email, please email to:  
**CWATransfers@cjusd.net**

CJUSD App.# \_\_\_\_\_  
 Email \_\_\_\_\_  
 Pick-up \_\_\_\_\_  
 New Request  Renewal

Students Last Name				Students First Name				Grade	Date of Birth
Parent/Guardian Name				Residential Address				City/ Zip	
Contact #	Home	Work	Cell	Contact #	Home	Work	Cell	Email	
School District of Residence				School of Residence				School currently attending	
School District of Desired Attendance				School of Request 1 <sup>st</sup> Choice				School of Request 2 <sup>nd</sup> Choice	

**Ethnicity:**  Black/African American  White  American Indian/Alaska Native  Asia-Indian  
 Asian/Other  Cambodian  Chinese  Japanese  Korean  Laotian  Samoan  
 Vietnamese  Filipino  Guamanian  Hawaiian  Other Pacific Islander  Tahitian

Is the student:	Gender
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Latino	<input type="checkbox"/> Nonbinary

**Board Approved Reason for Request:**

<input type="checkbox"/> To finish the current school year (end of school year only) <input type="checkbox"/> To promote or graduate with classmates (highest grade only of school listed) <input type="checkbox"/> Senior to attend same school he/she attended as a junior <input type="checkbox"/> Moving into the district within 60 days (copy of escrow Rental) <input type="checkbox"/> Sibling attending a school in district (name of sibling/school)  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Sibling Name</div> <div>Sibling Date of Birth</div> </div> <input type="checkbox"/> Health needs (attach Doctor’s note) <input type="checkbox"/> Victim of an act of Bullying (Required Findings of Bullying letter from school)	<input type="checkbox"/> Education Program not offered by CJUSD Program: _____  <input type="checkbox"/> Child Care K-6 <b>only</b> (fill out child care provider) Name: _____ Address: _____ Phone: _____
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*Check appropriate specialized program (if applicable): If yes, supporting documents required.*

Individualized Education Program (IEP)  
 Section 504 Accommodation  
 Specialized program/class (i.e. GATE) Program: \_\_\_\_\_  
 Currently suspended or expelled

**Terms and Conditions:**

It is understood that the parent/guardian will have to provide transportation to and from school daily. **Student must maintain satisfactory attendance and behavior; this permit is valid as long as these conditions are maintained.** False or misleading information may be cause for denial or revocation of a permit. Approval is subject to space availability in the district of request. A permit may be revoked for cause at any time. **E.C. 46600(2) Failure to adhere to the above terms/conditions may result in revocation of this permit. E.C. 46600(a)(I)** Student does not have to reapply for an inter district transfer unless district of attendance requires so or is matriculating from 6-8 and 8-9.

I declare under penalty of perjury that the information provided above is true and accurate. By checking YES on the box below I have read, understand and I agree to the terms and conditions stated above; this form will be provided to the district of residence, the district of desired attendance, and that the information provided is subject to verification. Falsification of information will result in immediate denial/revocation of transfer request.

**YES – I am the parent/legal guardian of this student and I agree to the terms and conditions of the Inter district Transfer Attendance Permit stated above.**

X \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL DISTRICT USE ONLY**

As the authorized administrator for the district of residence, I recommend the following action:  Approved  Denied  
 Reason for Denial \_\_\_\_\_  
 Student Services Official \_\_\_\_\_ (CJUSD will not fund extra cost, transportation or due process) \_\_\_\_\_ Date: \_\_\_\_\_

As the authorized administrator for the district of desired attendance, I recommend the following action:  Approved  Denied  
 Reason for Denial \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_