

NAME OF SCHOOL: Freshwater School SSID: _____

Teacher: _____ Grade Level: _____ School Year: _____

Student's LEGAL Name: _____ Date of Birth: _____
(from birth certificate) Last Name First Name Middle Name Mo/Day/Year

Male
 Female
 Non-binary

County of Residence: _____ District of Residence: _____ Birthplace: _____

Are there any legal restrictions in place regarding this student? Yes No *(If yes, please attach court order/documentation.)*

PARENT/GUARDIAN 1

_____] _____]
 Last Name First Name

Relationship to Student: Mother Step Parent Legal Guardian
 Father Foster Parent Caregiver
 Person has: Physical Custody Legal Custody Education Rights

Mailing Address _____ City _____ State _____ ZIP _____

Residence Address (IF DIFFERENT) _____ City _____ State _____ ZIP _____

() ()
 Primary Phone Alt/Work Phone Email Address

PARENT/GUARDIAN 2

_____] _____]
 Last Name First Name

Relationship to Student: Mother Step Parent Legal Guardian
 Father Foster Parent Caregiver
 Person has: Physical Custody Legal Custody Education Rights

Mailing Address _____ City _____ State _____ ZIP _____

Residence Address (IF DIFFERENT) _____ City _____ State _____ ZIP _____

() ()
 Primary Phone Alt/Work Phone Email Address

PARENT/GUARDIAN EDUCATION LEVEL: Check the response that describes the highest education level of parent/guardian(s).

Person 1

- Not a high school graduate
- High school graduate
- Some college (includes AA degree)
- College Graduate
- Graduate school/post graduate training

Person 2

- Not a high school graduate
- High school graduate
- Some college (includes AA degree)
- College Graduate
- Graduate school/post graduate training

DUPLICATE MAILING — If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address and phone number.

_____] _____] () ()
 Last Name/Relationship to Student First Name Primary Phone Alt/Work Phone

Mailing Address _____ City _____ State _____ ZIP _____

Residence Address (IF DIFFERENT) _____ City _____ State _____ ZIP _____

EMERGENCY CONTACTS/PICK-UP PERMISSION — Individuals not listed above who are emergency contacts, can pick student up, or both.

First and Last Name	Relationship to Student	Phone Number	Role (check all that apply)
_____	_____	_____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Can pick student up
_____	_____	_____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Can pick student up
_____	_____	_____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Can pick student up

PREVIOUS SCHOOL INFO — What month and year did your child first enroll in a California School? ____ / ____

Last School Attended: _____ Last Date Attended: _____
Name of School City/State Phone

Has the student been expelled or is the student in the process of being expelled from any school? Yes No

If yes, name of school: _____ Location: _____ Date Expelled: _____

SPECIAL SERVICES: What special services has your child received? (Please check all boxes that apply)

Special Education: Resources (RSP) Special Da' Class Speech/Language 504 Accommodation Plan

Other: Gifted (GATE) Remedial Math Remedial Reading Counseling
 English Lang Dev. Medical Health Plan

MEDICAL INFORMATION — Are there medical issues that the school should be aware of? Yes No

If yes, please describe: _____

Medication taken at home? Yes No If yes, please describe: _____

Medication taken at school? Yes No If yes, please submit the Medication Form signed by doctor at time of registration.

Allergies the school should be aware of? Yes No If yes, please describe: _____

Primary Care Physician _____ Phone _____ Insurance Carrier _____ Policy Number _____

HOME LANGUAGE SURVEY

Which language did your son/daughter learn when he/she first began to talk? _____

What language does your son/daughter most frequently use at home? .. _____

What language do you use most frequently to speak to your son/daughter? _____

Name the language most often spoken by adults at home: _____

Must answer both questions

ETHNICITY: Mark the ethnicity with which the student most closely identifies. Please check one:

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Non Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories) The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- American Indian or Alaskan Native (100) (Person having origins in any of the original peoples of North and South America (including Central America))
- Chinese (201)
- Japanese (202)
- Korean (203)
- Vietnamese (204)
- Asian Indian (205)
- Laotian (206)
- Cambodian (207)
- Hmong (208)
- Other Asian (299)
- Hawaiian (301)
- Guamanian (302)
- Samoan (303)
- Tahitian (304)
- Other Pacific Islander (399)
- African American or Black (600)
- White (700)
- (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

OTHER CHILDREN IN THE FAMILY

First and Last Name	Relationship	Lives at Home	School	Grade (If graduated, not applicable)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Date: _____ Signature of Parent/Guardian: _____

FRESHWATER SCHOOL DISTRICT RESIDENCE VERIFICATION FORM

(ONLY IF YOU RESIDE IN FRESHWATER SCHOOL DISTRICT)

Student Name: _____

School: _____

Address: _____

Date of Birth: _____

How long has the student lived full time at the above listed address? : _____

Dear Parent/Legal Guardian:

State Law requires the District to enroll students whose parent(s) or legal guardian(s) reside in our district. This form has been prepared to help us verify your residence. Please call 442-2969 if you have any questions or need further assistance. All verifications are subject to District Approval.

Each parent/legal guardian must provide a form of residence verification from each column below in order to enroll a student.

COLUMN A

____ State issued Drivers License

____ Current Government Identification Card

____ Property Deed or Most Recent Property Bill

____ Notarized Rental/lease agreement

____ Property Tax statement

____ *Other (Explain below.)

COLUMN B

____ Paycheck Stub

____ Bank statement

____ Cable statement

____ Auto insurance

____ Automobile registration

____ *Other (Explain below.)

*Explanation:

I certify the above information is true and correct:

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

*Investigations that reveal that students have enrolled on the basis of providing false information will lead to immediate withdrawal from the District.

Signature of School Principal

Date

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
Licensed Dental Professional Signature		CA License Number	Date

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
 My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None
 - I cannot afford a dental check-up for my child.
 - I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
Signature of parent or guardian *Date*

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school no later than May 31 of your child's first school year.
 Original to be kept in child's school record.

MUST BE AFTER MARCH, 2021
REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last: _____ First: _____ Middle: _____ BIRTH DATE—Month/Day/Year _____

ADDRESS—Number, Street: _____ City: _____ SCHOOL: _____

ZIP code: _____

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION
NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)	DATE EACH DOSE WAS GIVEN				
		First	Second	Third	Fourth	Fifth
Health History	/ /					
Physical Examination	/ /					
Dental Assessment	/ /					
Nutritional Assessment	/ /					
Developmental Assessment	/ /					
Vision Screening	/ /					
Audiometric (hearing) Screening	/ /					
TB Risk Assessment and Test, if indicated	/ /					
Blood Test (for anemia)	/ /					
Urine Test	/ /					
Blood Lead Test	/ /					
Other	/ /					

IMMUNIZATION RECORD
Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DTPaPDTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part II.

Please check this box if you do not want the health examiner to fill out Part III.

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

Examination shows no condition of concern to school program activities.

Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

Signature of parent or guardian: _____ Date: _____

Name, address, and telephone number of health examiner: _____

Signature of health examiner: _____ Date: _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

CHDP website: www.dhcs.ca.gov/services/chdp

WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

CHILD'S NAME—Last		Middle		DATE OF BIRTH—Month/Day/Year
ADDRESS—Number, Street		City	ZIP Code	SCHOOL
				Teacher

PARENT OR GUARDIAN:

Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. **SIGN AND RETURN THIS FORM TO THE SCHOOL** where it will be maintained as confidential information.

NOTE: SIGNING THIS WAIVER DOES NOT EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.

I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

I choose not to have my child receive a health examination as part of the school entry requirement.

I would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085): _____

Signature of parent or guardian _____ Date _____

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.
CHDP website: www.dhcs.ca.gov/services/chdp



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses + 1 Tdap				
7th Grade Advancement^{9,10}	1 Tdap⁸			2 Varicella¹⁰	

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil’s age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed in CA prior to 2016) in accordance with Health and Safety Code section 120335; this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil’s grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled “EXCLUDE IF NOT GIVEN BY”), or
- A temporary medical exemption from some or all required immunizations (17 CCR section 6050).

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

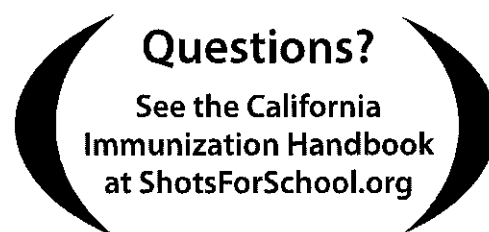
DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.



ANNUAL INTERDISTRICT ATTENDANCE TRANSFER AGREEMENT

for SCHOOL DISTRICTS IN HUMBOLDT COUNTY for school year 2021-2022

Date Request Received
by DOR

Part A

Parent/Guardian: Complete applicable steps on page 1 and 2 shaded in gray and then submit it to your **District of Residence (DOR)**. If it is approved, it will be forwarded to the **District of Proposed Enrollment (DPE)**. **Only new requests submitted between December 1st and February 1st are assured of approval by the DOR, subject to reasonable enrollment activities.** (See the DOR district office for exceptions and for information on reasonable enrollment activities). If both districts approve, and you agree to any additional terms and conditions required by the district(s), you may enroll your student in the DPE.

District of Residence _____ District of Proposed Enrollment _____

Foster Youth <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Homeless/McKinney-Vento Youth <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If Yes or Unknown to either of the above please contact the district of residence Foster/Homeless liaison or the Humboldt County Office of Education Foster & Homeless Youth Education Services office at 707-445-7187 before proceeding with application.	

COMPLETE ALL SECTIONS	STEP 1: To be completed by parent/guardian (PLEASE PRINT)		<input type="checkbox"/> New Application <input type="checkbox"/> Sibling(s) at school? Sibling Grade(s): _____ Sibling Name(s): _____	<input type="checkbox"/> Renewal <input type="checkbox"/> No change in address <input type="checkbox"/> Address change	
	Have you applied for a transfer to any other district for this same school year? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list all:		Student Grade in 2021-2022:		
	Student Name (Last, First)		Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	
	Current or Last School of Attendance				
	Student Address		City, Zip Code		
	Parent / Guardian Name				
	Primary Phone	Other Phone	Email address		

STEP 2: To be completed by parent/guardian for NEW applications only
Reason for Request: <input type="checkbox"/> Childcare <input type="checkbox"/> Parent Employment <input type="checkbox"/> Other (Explain below)
If reason is parent employment or childcare, provide name, address, and phone number of childcare or work below. Any additional information you wish to provide may be included below (use additional pages as needed):
If reason is "Other", please explain as thoroughly and clearly as possible. Include all relevant details.
What special services has the student received? (Check all that apply) <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> English Language Learner <input type="checkbox"/> None
If the student is receiving Special Education services, what is their current placement (Please attach IEP) <input type="checkbox"/> Special Day (SDC) <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Speech Services <input type="checkbox"/> Pending Assessment
Is the student currently pending disciplinary action or under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No

I have read the terms and conditions and understand the regulations and policies governing interdistrict attendance permits and hereby submit my application. I also understand that approval or denial of this application and revocation of the Permit is subject to the terms of this Permit and the policies and/or regulations of the individual districts. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. I certify under penalty of perjury that the information provided above is true and correct to the best of my knowledge and belief. I also understand and agree to the above terms.

Parent/Guardian Signature _____ **Date** _____

Student Name _____

PART B: Terms and Conditions:

The following terms and conditions apply to this Permit if it is approved by both districts:

1. Students will be required to re-apply for interdistrict attendance for any subsequent school year.
2. As permitted by law, the Permit may be revoked by either district pursuant to its policies and regulations and any applicable terms and conditions in Part C and/or D. Grounds for revocation of the Permit include, but may not be limited to, the failure of a pupil to attain satisfactory academic progress, follow established rules of conduct, or maintain regular attendance, as determined by the district of proposed enrollment.
3. Neither district will be responsible for pupil transportation unless required by law.
4. The District of Proposed Enrollment (DPE) will be responsible for special education services and related costs.
5. Approval of this Permit does not guarantee athletic eligibility.

PART C: Action of District of Residence (to be completed by DOR):

Decision: Approved Denied for the school year 2021-2022

Comments:

Date of action by DOR

Authorizing Signature: _____

Title: _____

District: _____

PART D: Action of District of Proposed Enrollment (to be completed by DPE):

Decision: Approved Denied Denied, but on waitlist for the school year 2021-2022

Comments:

Date of action by DPE

Authorizing Signature: _____

Title: _____

District: _____

If one or both districts deny the permit you may contact the Humboldt County Office of Education at 707-445-7171 if you wish information on the appeal process or go online at <https://www.hcoe.org/inter-district/>. **(An interdistrict attendance appeal request must be filed with the Humboldt County Board of Education within thirty (30) calendar days of notification that the request was denied.)**

The parent/guardian and each district shall be provided with and retain a copy of this form.

Freshwater School District Incoming Interdistrict Attendance Approval

The Governing Boards of the _____ District of Humboldt
(District of Residence)
County, and the Freshwater School District of Humboldt County, hereby agree to permit
the within named pupils, while residing in the first-named district to attend the
elementary school in the second-named district.

(Please initial each line to indicate that you have read these terms)

- ____ 1. Freshwater School District assumes no obligation for pupil transportation. **Students must arrive on time.**
- ____ 2. The failure of a pupil to maintain appropriate academic effort, behavior (as outlined in Education Code and Freshwater School Board Policy), and attendance/punctuality records which are satisfactory to the Superintendent of the Freshwater School District shall constitute sufficient grounds for the cancellation of this permit.
- ____ 3. The Freshwater School District Board of Trustees has the right to review the above-listed criteria in regard to the pupils listed below at any time during the length of this permit.

NAMES OF PUPILS

ADDRESS OF PARENTS/GUARDIANS

Superintendent, Freshwater School District

Parent/Guardian

Date: _____

Date: _____

Please RETURN BOTH COPIES to the Freshwater School District, 75 Greenwood Heights Drive, Eureka, CA 95503. When the attendance permit is granted, you will receive a copy signed by the Superintendent.