San Ysidro School District

Intradistrict/Interdistrict Permit Verification of Child Care /Employment K-8
This form must be completed for all transfers, which are based on the need for childcare or employment.

I understand that providing false or misleading information on this form is sufficient reason for denial or revocation of a permit.

A. TO BE COMPLETED BY PARENT   School Year _____

School/District of desired attendance _____ / _____

Pupil's name _____ Grade _____
                  Last   First   Middle

Reason for attendance at this location: ☐ Childcare   ☐ Employment

Explain_____

_____

Print name _____ Signature _____ Date_____
              (Parent/Guardian)   (Parent/Guardian)

Address _____ Home Telephone #_____

City _____ Zip _____ Work Telephone #_____

B. TO BE COMPLETED BY CHILD CARE PROVIDER

Child for which care will be provided _____

Name of childcare provider _____

Address _____ Telephone #_____

City _____ Zip _____ Date_____

Relationship to child (if any)_____

Date care will start _____   Hours: FROM _____ a.m./p.m. TO _____ a.m./p.m.

I agree to notify **San Ysidro School District** (619) 428-4476 when these arrangements are terminated.

_____   _____   _____
      Date   Signature   Title

C. TO BE COMPLETED BY EMPLOYER

Parent/Guardian's Name:_____

Place of employment_____ City_____

Length of employment_____ Number of hours per day_____

Name of person verifying employment_____ Telephone#_____

_____   _____   _____
      Date   Signature/Seal   Title