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12	CHOOL DIST	

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

<u>Superintendent</u>	
Cliff Curry	

<u>Assistant Superintendent</u> Claudia Salvestrin

Verification of Parent Childcare/Employment for INTERDISRTICT Permit.

School Requested:	School Year:	
Student First and Last Name:		Next Grade:
Parent/Guardian Name:	Telephone:	
Address:		
	authorize the Red Bluff Union Elem care provider to verify any information if needed.	
Parent Signature	Date	
that lives in a district different than the this portion and provide a copy of the c This is to certify that I am the child	d care provider for the above-named days between the hours of:	care provider must complete student and that I assume
Provider's Name:		
Provider's Physical Address	City ST	Zip Code
Provider's Contact number:	Cell Number	
Provider's Signature	Date	2

Jackson Heights Elementary 527-7150 Vista Preparatory Academy 527-7840



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

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Superintendent Cliff Curry <u>Assistant Superintendent</u> Claudia Salvestrin

Employment Verification

A permit **may** be granted for a student to attend a school other than their homeschool 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