



# Little Lake City School District

Where Kids Are #1

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10515 S. Pioneer Boulevard, Santa Fe Springs, CA 90670-3799 (562) 868-8241 Fax (562) 868-1192

## INTER-DISTRICT PERMIT APPEALS

If your inter-district permit application has been denied, canceled, or revoked, you may appeal the decision based on Board Policy 5117 if you believe that it is warranted.

### LLCSD Appeal Guidelines

1. If you are denied a permit from LLCSD, you may file an appeal request. All appeals must be submitted in writing. The Appeal Form Request can be found on the LLCSD website under Inter-District Permits.
2. The Appeal Request Form and any supplemental documentation must be postmarked and submitted to the Educational Services Department within 30 calendar days from the date of the denial.
3. Mail a completed Appeal Request Form to:  
Little Lake City School District  
Educational Services  
10515 Pioneer Blvd.  
Santa Fe Springs, CA 90670
4. All appeals received within the timeline will be reviewed by the Assistant Superintendent of Educational Services or his/her designee. Additional information may be requested.
5. LLCSD will notify you of the decision upon review of the appeal request and any supporting documents within 30 calendar days of receiving the Appeal Form.
6. If you do not appeal within the required timeframe, the student will be expected to attend their home school.
7. If your appeal request is granted, you will be issued a permit and your requested school or district of choice will be notified.
8. The decision made by LLCSD is the district's final action on your request.

You have the right to appeal the decision to the Los Angeles County Office of Education (LACOE) within 30 calendar days of the date of the appeal denial. The LACOE inter-district permit appeal packet is available online at <http://www.lacoe.edu>



## Little Lake City School District PERMIT APPEAL FORM

Student Name (Last, First)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Grade level for year requested
School Requested		District Requested	
School of Residence		District of Residence <b>Little Lake City School District</b>	
Parent/Guardian Name	Contact Email:	Contact Number:	
Home Address		City/Zip	
<b>Reason(s) for this request (Verification MUST be attached):</b>			
<input type="checkbox"/> Child Care	<input type="checkbox"/> Parent Employment	<input type="checkbox"/> Sibling (Name)	<input type="checkbox"/> Proposed Change in Residence
			<input type="checkbox"/> Specialized Program:
<input type="checkbox"/> Continuing Enrollment	<input type="checkbox"/> Complete Final Year at Current School		<input type="checkbox"/> Other:
<b>Name of School:</b>	<b>Name of School:</b>		
<b>Student receives the following services:</b>			
<input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> English Language Learner <input type="checkbox"/> Speech/Language Services			
Student is: <input type="checkbox"/> Currently pending disciplinary action <input type="checkbox"/> Under an expulsion order, with a readmission date of: _____			

In the space below, please explain why your child should be granted permission to leave the school or district of residence to attend the requested district or school. **Attach additional documentation or supporting documents as necessary.**

**Completed form and additional documents must be postmarked within 30 calendar days of the date of the denial.**

For Office Use Only		
Date Received:	Reviewed by:	
<input type="checkbox"/> Permit Granted	<input type="checkbox"/> Permit Denied	Date: