Carson City School District
P. O. Box 603
Carson City, NV 89702

Application to Attend School Outside District of Residence

For School Year _____

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1. **(Please print firmly)**
Student's name: _____ grade: _____

Parent's/Guardian's name: _____ phone number: _____

Residence address: _____ NV _____

Mailing address: (if different) _____

County: _____ date of birth: _____

This request is for the above-named student to attend _____ School, in _____ County.
The reason for this request is:
_____
_____
_____

➢ In making this application, I understand that my child must meet acceptable standards of attendance and conduct as established by the school principal.
➢ I further understand that a variance will be granted only when appropriate space is available and that the variance may be revoked at any time as a result of discipline, attendance problems, or classroom overcrowding.
➢ I accept responsibility for providing transportation for my child.
➢ I am aware that variances are granted for <u>one year only</u>. Must be reapplied for each year.
➢ Athletic eligibility is **not** granted with this variance request. Application for athletic eligibility must be submitted to the Nevada Interscholastic Activities Association (NIAA) for final approval.
➢ CCSD will not pay tuition or fees for student to attend out of District.
➢ Does your child require any special education or instructional services, i.e. Special Education, ESL, GATE, Remediation.
   YES (_____)   NO (_____)   If Yes, describe required service _____
   When submitting your variance application, please include your student's transcripts, attendance and discipline reports.

_____   _____
Signature of Parent/Guardian   (date of request)

PERMISSION FROM DISTRICT OF RESIDENCE

2.
The above named student is granted permission by _____ School District to attend the above named school in the district requested.
_____ date:_____
(Superintendent or designee of releasing School District)
Comments:_____

ACCEPTANCE BY RECEIVING SCHOOL OF ATTENDANCE

3.   Student is ( )   is not ( )   approved for acceptance   (parent/guardian is)
_____ date**:**_____   CCSD Employee ☐
(Principal or designee)
Comments**:**_____

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4.   **VARIANCE IS ( )   IS NOT ( )   APPROVED FOR THE _____ SCHOOL YEAR**

_____ date: _____
 (Associate Superintendent or designee signature)