

APPLICATION TO ATTEND SCHOOL OUTSIDE DISTRICT OF RESIDENCE Out-of-District Variance Application

PLEASE PRINT		ONE APPLICATION PER STUDENT
For School Year:	New Application	on Renewal Application
Student Name		
Grade Date of Birth (DOB)		Gender
Parent/Guardian Name:		Email:
	City/State/Zip:	
Zoned County:	Contact Phone	Number:
Choose the appropriate variance type below: Resides in NV (Washoe County), applying Resides in adjoining county in NV, applyin	to attend in CA g to attend WCSD	Resides in CA, applying to attend WCSDResides in Washoe County, applying to attend adjoining county in NV
This request is for the above-named student to	o attend	School in
	School Dist	ict.
The reason for this request is:		
responsibility for providing transportation for my chil for each year. I understand that school-based fees living within Washoe County's borders. • High school athletic eligibility is not granted with this Interscholastic Activities Association (NIAA) for final or Freshman and sophomore high school students varsity level only. • Juniors and seniors who are granted variances his/her athletic eligibility for the remainder of the student's name appeared on a NIAA roster. Check all the services or special instruction that approximate the special Ed/IEP (Attach current IEP) 504 Remediation	d. I am aware that vasuch as for art or bio variance request. Ap approval. Athletic Els granted variances slare ineligible for 180 he current school year pplies to the studer English Lear	school days. If a student's variance is revoked, the student loses r. This also includes 180 school days in any other sport where the
Describe services:		
Date of Request Parent	:/Guardian Signat	ıre
In signing above Parent/Guardian acknowledges the term	s and conditions liste	above.
PERMISSIO	N FROM DISTR	CT OF RESIDENCE
Permission is: approved denied		School District for
the above-named student to attend the school requested		
This process is not complete until the District of Residence School District. In signing above,School Di WASHOE COUNTY SCHOOL DISTRICT, incorporated herein	e for incoming studen strict agrees to all the n by reference:	ts has executed the Tuition Agreement with the Washoe County terms and conditions of the INTERLOCAL CONTRACT TO ATTEND ature of Special Programs Official (if applicable) Date
Signature of Administrator Approving/Denying Request	Date Sign	nuire of Special Frograms Official (ii applicable) — Date
Signature of Administrator of Student Accounting	Date	
DECISI	ON OF RECEIV	NG DISTRICT
Permission is: approved denied	for the above-	named student to attend
School in the		
under the conditions agreed to by the parent/	guardian and for	the following reason(s):
Signature of Administrator Approving/Denying Request	Date Sig	nature of Special Programs Official (if applicable) Date
Signature of Administrator of Student Accounting	Date	