

**CARSON CITY SCHOOL DISTRICT
REQUEST FOR STANDARD ZONE VARIANCE FORM**

Current Information

Date of Request ____/____/____

Child's Name _____ Current School _____

Legal Physical Address _____

Parent's Name _____ Home Phone _____

Information for the School Year that the Variance will take place

School year _____ Grade Student will be entering for school year _____

Reason for request _____

Zoned School _____ Requested School _____

When submitting your variance application, please include your student's transcripts, attendance and discipline reports.

If a variance is granted, I understand: (Please initial each line)

_____ * Transportation will **NOT** be provided by the Carson City School District.

_____ * My child must maintain a satisfactory attendance, behavior and academic standing.

_____ * This variance will expire at the end of the school year and must be renewed annually.

Parent Signature: _____ Date: _____

(For Office Use Only)

Zoned School

Date Received _____ Received By _____

Release is _____ Granted _____ Denied _____ For Grade _____

Comment/Reason _____

Signature of Principal _____ Date _____

Requested School

Date received _____ Received by _____

Type of Variance _____ **High Priority** _____ **Standard** _____ **Other**

Variance is _____ Granted _____ Denied

Comment/Reason _____

Signature of Principal _____ Date _____

Original to Zoned School **Copies to:** _____ **Parent** _____ **Current School**