## CLARK COUNTY SCHOOL DISTRICT

## **REQUEST FOR ZONE VARIANCE**

For 20 \_\_\_\_ - 20 \_\_\_\_ School Year

A request for zone variance may be submitted from March 1 to May 1. Zone variances may be granted at the discretion of the requested school principal for the current school year only. The requested school principal shall consider the reason for the request; the total number of requests for zone variances; and the effect of the request on the requested and zoned school. Students must enroll in and attend the zoned school while the zone variance is being considered. District transportation is not provided. NAME OF STUDENT GRADE STUDENT # DATE OF BIRTH **DATE OF REQUEST** NAME OF PARENT OR GUARDIAN **ADDRESS** ZIP CODE **TELEPHONE** REQUESTED SCHOOL ZONED SCHOOL See Administrative Regulation 5112. (Check appropriate box) **REASONS:** CHANGE OF FAMILY/LEGAL GUARDIAN RESIDENCE (Attach a properly executed contract to purchase a home; a properly executed rental or lease agreement, or a current utility deposit payment receipt or a billing statement showing the name of the parent or guardian and the service address.) DAY CARE REQUIREMENT (Attach a notarized statement indicating the place and hours of employment and verified enrollment in a day care facility.) STUDENT EMPLOYMENT (Attach name, address, and telephone number of student's employer, reason why the student's employment is complementary to the student's realistic educational/vocational goals and a copy of the student's most recent check stub.) **CHILD OF CCSD EMPLOYEE** (Parent/employee must be assigned to requested school. Attach verification of parental rights or legal guardianship of the student.) PARENTAL REQUEST FOR ADMINISTRATIVE ZONE VARIANCE (Attach written statement that provides the reason(s) for the requested zone variance.) Explanation: I certify that I have read and understand all district regulations and eligibility rules as they apply to my son or daughter and understand that I am responsible for transportation. SIGNATURE OF PARENT/GUARDIAN **ACTION** Zone Variance granted \_\_\_\_\_ The requested school principal must personally contact the principal at the zoned school and both Zone Variance not granted \_\_\_\_\_ must approve the request for zone variance. **DISTRIBUTION:** Date Parent - White copy Requested school - Canary copy Region Superintendent- Pink copy Signature of Requested School Principal Zoned school - Goldenrod copy

NOTE:

Transportation - Green copy

Indicate final action before copies are distributed.

Secondary students will be ineligible for interscholastic athletics during the first year of a zone variance. Questions should be referred to the Director of Student Athletics. Athletic rules concerning student eligibility are outlined in Regulation 5135.1.

**Administrator Contacted at Zoned School** 



Date