

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			

REASONS: See Administrative Regulation 5112. (Check appropriate box)

- 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

The requested school principal must personally contact the principal at the zoned school and both must approve the request for zone variance.

DISTRIBUTION:
Parent - White copy
Requested school - Canary copy
Region Superintendent- Pink copy
Zoned school - Goldenrod copy
Transportation - Green copy

Indicate final action before copies are distributed.

NOTE: High school 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.

ACTION

Zone Variance granted _____

Zone Variance not granted _____

Date

Signature of Requested School Principal

Administrator Contacted at Zoned School Date

