



Administrative Form 5018
VARIANCE REQUEST BASED ON SCHOOL REZONING
ONE FORM PER STUDENT

ATTENTION: This form is only to be used by incoming 5th and 8th grade students, and applicable siblings, for the year 2019-2020. See Administrative Regulation 5015, Variance from Zoned School, for additional information related to the variance approval process.

Student's Name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Home Ph. _____

Mother's Name _____ Work/Cell Ph. _____

Father's Name _____ Work/Cell Ph. _____

This variance is requested for grade: _____ This variance request is for a younger sibling of an incoming 5th or 8th grader? Y / N

If yes, Name of Older Sibling: _____

Name of the school you are zoned for: _____

Name of the school you are applying to: _____

In applying for this Rezoning-WCSD variance, I certify that I fully understand the following:

1. Variances are contingent upon space availability.
2. The District does not provide transportation for students granted variances.
3. Variances for a younger sibling are for one year only.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Principal's Signature: _____ Date: _____

ACTION: Approved Disapproved

Comments:

The Washoe County School District is committed to providing an environment free from any form of harassment or discrimination. See Board Policy 9200, Harassment and Discrimination Prohibited, for additional information.