



SCHOOL OF CHOICE/VARIANCE REVOCATION FORM

Variance Type:

School of Choice Placement _____ Out of District Variance _____

Name of Student _____ Student ID No. _____
Print Last First Middle Initial

Address _____
Number and Street City State Zip

Parent/Guardian's Phone Number _____ Parent/Guardian's Work Phone _____

Current Grade of Enrollment _____

Current School of Enrollment on Variance _____

School Zoned To: _____

(Give Address of School Including City and State if out of Washoe County School District.)

*Special Note for high schools: An 11th or 12th grade student on a variance may not be revoked as it is deemed detrimental toward graduation.

This revocation will be effective the start of the next school year and last for one (1) school year.

The reason(s) for variance revocation: (Check any that apply)

Poor Attendance – Student has continuously been on the chronic or severe absenteeism list after school interventions have been implemented.

Preventative measures: List dates of attendance letters/meetings/truancy interventions.

Unsatisfactory Behavior or Conduct - Repeated behaviors which could cause the revocation of a variance including violent behaviors that involve weapons, injury to others, violation of bullying, cyberbullying or discrimination, threats and drugs or alcohol incidents. For students who are receiving special education services, on an individual education plan, behaviors are not considered a manifestation of a student's disability.

Preventative measures: List dates of meetings and behavior interventions



Administrative Form 5017
REVOCATION FORM FOR VARIANCE
School Officials

*All intervention documentation must be detailed in Infinite Campus/OnBase.

Additional Comments: _____

Principal's Signature

Date

COPY – Parent
COPY – School of Choice Office (email copy to schoolofchoice@washoeschools.net)
COPY – Revoking school (must scan into variance file in OnBase)