

ELKO COUNTY SCHOOL DISTRICT REQUEST FOR ATTENDANCE AREA CHANGE

For 20____ - 20____ School Year

NAME OF STUDENT	GRADE	DATE OF REQUEST
NAME OF PARENT OR GUARDIAN	ADDRESS	ZIP CODE TELEPHONE
REQUESTED SCHOOL	ATTENDANCE AREA SCHOOL	

Variations may be granted under the following circumstances:

1. A variance may be approved on an annual basis to any school in the District.
2. Space must be available at the requested school. Actual residents of the attendance area always have the first priority.
3. Each variance request must be submitted and approved on an annual basis.
4. The District will not provide transportation for students who have been granted variances.
5. No more than one variance per school per child will be considered.
6. Variations may be granted to allow participation in specialized programs existing in a limited number of schools.

Parents are advised that approval of all attendance area change requests will depend on current class loading, projected enrollment, and future enrollment. Actual residents of an attendance area always have first priority for available space at a school. Parents need to be aware of the following sequence of events that will take place if their attendance area change is revoked:

- Your approved attendance area change will be revoked if space is needed for children that actually live in that attendance area, if your child violates the attendance policy, or if your child's behavior becomes an issue.
- If your attendance area change is revoked your child will be required to move to a school in the attendance area in which you actually live.
- If the school in the attendance area in which you actually live is full your child will be assigned to a school that has space available.

Parents are advised to be aware of and to consider the effects this move will have on their children prior to submitting a variance request.

Reason for attendance area change: _____

I certify that I understand that my variance may be revoked at anytime and if my variance is revoked my son or daughter will be required to transfer to another school assigned by the district. I also understand that I am responsible for transporting my son or daughter to and from school.

SIGNATURE OF PARENT/GUARDIAN

The requested school principal must personally contact the principal at the attendance area school and both must approve the request for attendance area change.

Attendance Area Principal
____ Variance granted
____ Variance not granted

Requested School Principal
____ Variance granted
____ Variance not granted

Date: _____

The requested school principal must personally meet with the parent requesting an attendance area change and explain what will happen if their attendance area variance is revoked.

SIGNATURE OF ATTENDANCE AREA PRINCIPAL

SIGNATURE OF REQUESTED SCHOOL PRINCIPAL

The requested school principal must submit a signed variance form to the Director of Elementary Education for review and final approval of K-6 variance requests and the Director of Secondary Education for 7-12 variance requests.

SIGNATURE OF DIRECTOR

NOTE: High school students may not be eligible for interscholastic athletics during the first year of an attendance area variance. Questions should be directed to the Director of Secondary Education.