

School Year \_\_\_\_\_

STOREY COUNTY SCHOOL DISTRICT  
P.O. Box C  
Virginia City, NV 89440  
(775) 847-0983  
Fax: (775) 847-0989

APPLICATION TO ATTEND SCHOOL  
OUTSIDE DISTRICT OF RESIDENCE

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_ Student's Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This request is for the above-named student to attend: \_\_\_\_\_ School in: \_\_\_\_\_

County for the \_\_\_\_\_ School year. The following is the reason for the request: \_\_\_\_\_

In making the application, I understand that my child must meet acceptable standards of attendance and conduct as established by the school principal. I further understand that a variance will be granted only when appropriate space is available and that the variance may be revoked at any time as a result of discipline or attendance problems or classroom overcrowding. I accept responsibility for providing transportation for my child.

Date: \_\_\_\_\_ Signature of Parent or Legal Guardian: \_\_\_\_\_

PERMISSION FROM DISTRICT OF RESIDENCE TO ATTEND SCHOOL OUTSIDE DISTRICT

\_\_\_\_\_ The above named student is granted permission from Storey County School District to attend the school requested outside of the district for the \_\_\_\_\_ school year.

\_\_\_\_\_ The above-named student is not granted permission from Storey County School District to attend the school requested outside of the district for the \_\_\_\_\_ school year.

\_\_\_\_\_  
Superintendent, Storey County School District

\_\_\_\_\_  
Date

PERMISSION TO ATTEND SCHOOLS OF RECEIVING DISTRICT

\_\_\_\_\_ The \_\_\_\_\_ County School District agree to accept the above-named student for the \_\_\_\_\_ School year.

\_\_\_\_\_ The \_\_\_\_\_ County School District does not agree to accept the above-named student for the \_\_\_\_\_ School year.

\_\_\_\_\_  
Signature of District Official, Title

\_\_\_\_\_  
Date