

APPLICATION FOR HOME-SCHOOL/PRIVATE SCHOOL/CHARTER SCHOOL STUDENTS TO PARTICIPATE IN CARSON CITY SCHOOL DISTRICT PROGRAMS

(Application must be submitted to school principal a minimum of ten (10) working days prior to the beginning of program.)

School to Which Application is Submitted: \_\_\_\_\_

Name of Home-School/Private School Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Residence: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

Telephone: \_\_\_\_\_ Name of Parent: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

Emergency Contacts: \_\_\_\_\_

_____ Name	_____ Name
_____ Address	_____ Address
_____ Telephone	_____ Telephone

TYPE OF DISTRICT PROGRAM FOR WHICH APPLICATION IS SUBMITTED (CHECK ONE)

( ) Instructional Name of Activity: \_\_\_\_\_

( ) Extra-Curricular\* Name of Activity: \_\_\_\_\_

Length of Activity: \_\_\_\_\_

Start Date End Date

I have received a copy of Carson City School District Regulations governing participation of home-schooled/private-schooled/charter-schooled students in School District programs. I understand and agree to all rules, regulations, fees and conditions for participation in the program to which application is made. It is understood that failure to adhere to disciplinary expectations and other rules will result in permission being denied to participate in that District program.

\_\_\_\_\_  
Signature of Parent Date Signature of Student Date

THIS SECTION TO BE COMPLETED BY SCHOOL ADMINISTRATION

Name of Home School/Private School/Charter School Student: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ School: \_\_\_\_\_

Type of District Program ( ) Instructional Program ( ) Extra Curricular Program\*  
\*Excluding Sports, Tah-Neva and NIAA Sanctioned Activities

Name of Specific Program: \_\_\_\_\_

Length of Program: \_\_\_\_\_ Starting Date \_\_\_\_\_ Starting Date \_\_\_\_\_

Name of Liaison (Counselor): \_\_\_\_\_

Name of Teacher or Advisor of this Program: \_\_\_\_\_

Is District transportation required for this program? ( ) Yes ( ) No

Associated costs for participation in this program? ( ) Yes ( ) No

If yes, specify:

Refundable Book Rental \_\_\_\_\_

Supplies/Consumables \_\_\_\_\_

Fee(s) (Specify) \_\_\_\_\_

Refundable Uniform Rental \_\_\_\_\_

Other (Specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Total Cost to be Paid to District

Time of day student will be involved in program: From: \_\_\_\_\_ to \_\_\_\_\_

Days of week involved in this program ( ) Monday ( ) Wednesday ( ) Friday

( ) Tuesday ( ) Thursday ( ) Saturday

If application pertains to instructional program, is space available for this student?

( ) Yes ( ) No

If no, are other scheduling times possible? ( ) Yes ( ) No

List alternate possibilities: \_\_\_\_\_

Given that space is available, costs and transportation are agreed to by parent and adherence to rules and regulations are also agreed to by parent and student, I recommend approval of this request.

( ) Yes ( ) No If no, please cite reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Teacher/Advisor