

Notice of Intent to Participate in Programs and Activities - NEVADA

To be filed annually with the local school district for a homeschooled child requesting participation in programs of special education, any classes or activities, or sports or interscholastic activities and events, at a public or charter school pursuant to NRS 388D.070, 392.072, & 392.074 effective July 1, 2007.

Name of Parent(s)/Guardian: _____

Address: _____
Street Apt.# City Zip

Mailing Address: _____

Child's Full Name: _____ Age: _____ Gender: M F

Signed Parental Statement (only one parental signature is required):

I hereby assure that I have control or charge of the above referenced child and that I have the legal right to direct the education of this child. I assume full responsibility for the education of the child while the child is being homeschooled.

Signature Relationship to Child Date

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If applicable, list the name of the Nevada public/charter school most recently attended by the child:

Name of School: _____ City: _____

Privacy Statement (optional):

I expressly prohibit the release of any information contained in this document, including, without limitation, directory information as defined in 20 U.S.C. § 1232g(a)(5)(A), without my prior written consent. See 20 U.S.C. § 1232g(a)(5)(B) and NRS 388D.020(f)

Parent's Signature Date

Informational Guidelines for use of a NOIPPA - Nevada:

A school district may, before providing programs of special education to a homeschooled child or authorizing a homeschool child to participate in classes or extracurricular activities, require proof of identity of the child, including, without limitation, the birth certificate of the child or other documentation sufficient to establish the identity of the child.

A school district shall, before allowing a homeschooled child to participate in any interscholastic activities and events, including those governed by the Nevada Interscholastic Activities Association, require proof of identity of the child, including, without limitation, the birth certificate of the child or other documentation sufficient to establish the identity of the child.

Consult the law and regulations pertaining to the program or activity being requested to determine your parental rights, the district's rights, and eligibility clauses or limitations.

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

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