

**POWHATAN COUNTY PUBLIC SCHOOLS**  
**VARIANCE REQUEST**  
**SCHOOL YEAR \_\_\_\_\_**

File: JC-F1

**THIS SECTION IS TO BE COMPLETED ANNUALLY BY PARENT/GUARDIAN AND RETURNED TO THE SCHOOL BEING REQUESTED**

Student's name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last)

Student's Present Address: \_\_\_\_\_  
(Number & Street) (City) (Zip Code) (Apt. #)

Name of Parent/Guardian: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Mother's Work No: \_\_\_\_\_ Father's Work No: \_\_\_\_\_

Student's Assigned School: \_\_\_\_\_ School Attended Last Year: \_\_\_\_\_

School Requested: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Check reason for request: (Attach documentation as indicated)

- Child care arrangements (complete child care section below)
- Plan to move to requested school zone (attach copy of lease/purchase agreement)
- Moved from previous school zone Date entered: \_\_\_\_\_. Request permission to complete semester/school year \_\_\_\_\_.

I certify that if any of the conditions indicated in this document should change during the school year, (I) (we) will notify the school administration immediately.

<b>Important Legal Notice</b>
Any person who knowingly gives false information on a form used for the purpose of student registration or placement in the Powhatan County Public School System shall be guilty of a misdemeanor. Conviction for violation of this section may result in a fine, imprisonment, or both.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY THE PARENT AND THE ORGANIZATION/INDIVIDUAL PROVIDING CHILD CARE**

I hereby certify that I have made very reasonable effort to obtain child care services within the school attendance zone of my residence and have been unable to do so.

Explanation:

\_\_\_\_\_  
\_\_\_\_\_

Name of person or organization: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby certify that (I) (we) have agreed to provide regular child care services for the following child:

\_\_\_\_\_ as follows: From \_\_\_\_\_ AM until \_\_\_\_\_ PM on the following days of the

week: \_\_\_\_\_ Remarks: \_\_\_\_\_

Signature of Caregiver \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY PRINCIPAL AND RETURNED IN 10 BUSINESS DAYS**

- Classroom space available and approved
- Already registered, no action needed
- Register now
- Called to discuss prior to final action (date \_\_\_\_\_)

Comments: \_\_\_\_\_

Principal signature: \_\_\_\_\_ Date: \_\_\_\_\_