



HENRICO COUNTY PUBLIC SCHOOLS

VARIANCE REQUEST FORM VR-2 FOR SCHOOL YEAR \_\_\_\_\_

Central Office Use Only (non-routine medical or appeals)
Approved \_\_\_\_\_ Code \_\_\_\_\_
Denied \_\_\_\_\_
Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN AND RETURNED TO THE HOME SCHOOL

Student's Name \_\_\_\_\_ Grade for Variance Year \_\_\_\_\_ Birth Date \_\_\_\_\_

Student's Present Address \*\* \_\_\_\_\_

\*\*Parent must submit current residency documentation WITH variance form if variance is related to a change of address.

Siblings In HCPS? \_\_\_\_\_

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Name of Parent/Legal Guardian \_\_\_\_\_

Address of Parent/Legal Guardian (if different from student) \_\_\_\_\_

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

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

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

Have you previously applied for a variance? [ ] Yes [ ] No If yes, Date \_\_\_\_\_ School \_\_\_\_\_

Student I.D. No. \_\_\_\_\_

Check reason for this request: (Attach documentation as indicated) \_\_\_\_\_

- [ ] Child care, grades K-5. Must be family member providing child care or documented hardship...
[ ] Plan to move to requested school zone. Copy of contract attached (required)...
[ ] Moved from previous school zone. Date Moved: \_\_\_\_\_ Request permission to complete: [ ] semester
[ ] In-process legal custody proceedings: Court Contact: \_\_\_\_\_ Intake Date: \_\_\_\_\_
[ ] Rising senior moving out of Henrico County - tuition required - notify Assistant Superintendent for Finance & Administration.
[ ] Documented student medical reason - must be accompanied by (1) recent letter from doctor...
[ ] Employee's child - parent must be employed full time in a Henrico County school...
[ ] Other - attach documentation.

IMPORTANT LEGAL NOTICE
Code of Virginia Section 22.1 - 264.1. "Any person who knowingly makes a false statement concerning the residency of a child, shall be guilty of a Class 4 misdemeanor..."

PARENTS MUST PROVIDE ALL TRANSPORTATION; HCPS BUSES ARE NOT PROVIDED FOR VARIANCES

Signed: \_\_\_\_\_ Parent/Legal Guardian

Relationship To Student: \_\_\_\_\_

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

THIS SECTION TO BE COMPLETED BY THE PRINCIPAL OF THE HOME SCHOOL

- [ ] Denied; does not meet guidelines (must send denial letter)
[ ] Meets guidelines; forwarded to requested school principal for consideration/review

Signed \_\_\_\_\_ Date \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY THE REQUESTED SCHOOL PRINCIPAL:

- [ ] Approved: Code \_\_\_\_\_
[ ] Denied
[ ] Forwarded to central office for non-routine request or medical review; all medical requests must be forwarded to central office.

Signed \_\_\_\_\_ Date \_\_\_\_\_