



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. \_\_\_\_\_

Reason for this request: (Attach documentation as indicated)

A. PRINCIPALS MAY APPROVE THE FOLLOWING VARIANCE CODES:

CODE B: Academic & administrative placement

CODE C: Child Care, grades K-5. Must be family member providing child care or documented hardship for which other reasonable child care provisions are not available. Attach completed form VR-2S. Return both forms to principal of home school.

CODE E or K: Plan to move to requested school zone (includes from out of county). Copy of signed lease or contract attached (required). Must be free of contingencies and move must occur within 90 days.

CODE A or I: Moved from previous zone (students who move out of county may complete the semester in which their move occurred).

Date Moved: \_\_\_\_\_ Request permission to complete semester only.

CODE J: Rising Senior moving out of Henrico County - tuition required - notify Asst. Supt. for Finance & Administration.

CODE H: Employee's Child - parent must be employed full time in a Henrico County school, be a resident of Henrico County, live with the child, and the child can only attend school where parent works; does not apply to feeder schools or sites.

B. SUPERINTENDENT'S DESIGNEE MAY APPROVE THE FOLLOWING VARIANCE CODES:

CODE D: Documented student medical reason - must be accompanied by (1) recent letter from doctor (mental health Dr. if psychological or psychiatric reason) documenting condition and how the home school assignment impacts condition, AND (2) signed "Release/Exchange of Confidential Information" form.

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 and shall be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges for the time the student was enrolled in such school division." Your signature certifies that all information on this form is correct. False information may result in criminal charges, liability for the cost of non-resident tuition an/or immediate withdrawal from the school. If you move during the school year, you must notify the school of your last day of residence at this address.

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

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