



HENRICO COUNTY PUBLIC SCHOOLS
VARIANCE REQUEST FORM VR-2S
SUPPLEMENTAL DOCUMENTATION
SCHOOL YEAR _____

This form is to be used only for a special placement request for students in grades K-5 whose parents are employed on a full-time basis. This form is a supplement to Form VR-2. Be sure to fill in all sections or enter "N/A" in sections not applicable.

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 and/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.

I. THIS SECTION TO BE COMPLETED BY PARENT'S EMPLOYER(S).

Father's Name _____ Employer _____
First Middle Last

Hours _____ Days Per Week _____ No. Years Employed _____
From To

I hereby certify that the above information is true and correct to the best of my knowledge.

Signed _____ Telephone _____
Employer/Supervisor Title Date

Mother's Name _____ Employer _____

Hours _____ Days Per Week _____ No. Years Employed _____
From To

I hereby certify that the above information is true and correct to the best of my knowledge.

Signed _____ Telephone _____
Employer/Supervisor Title Date

II. THIS SECTION TO BE COMPLETED BY THE ORGANIZATION OR INDIVIDUAL PROVIDING CHILD CARE.

Name of Person or Organization _____ Relationship to child _____

Address _____ Telephone _____

I hereby certify that (I) (we) have agreed to provide regular child care services for _____
Name of Child

as follows: From _____ a.m. to _____ p.m. on the following week days: _____

Remarks: _____

Signed _____ Title, if applicable _____ Date _____
Name of Individual

III. THIS SECTION TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN.

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

Signed _____ Signed _____
Father Date Mother Date

RETURN THIS FORM TO THE HOME SCHOOL

NOTE TO PRINCIPAL:

Send yellow copy to parent/legal guardian
Attach white copy to VR-2 Form