



**FAMILY-MEMBER CHILD CARE VARIANCE FORM
SUPPLEMENTAL DOCUMENTATION**

*This form is to be used only by parents/guardians who are requesting a childcare variance for a student **in grades K-5 whose are employed on a full-time basis**. This form is a supplement to the Variance Request Form and must be submitted with the request form. 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/LEGAL GUARDIAN'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 FAMILY MEMBER PROVIDING CHILD CARE.

Name of Family Member _____ Relationship to child _____
 Address _____ Telephone _____

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

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

Remarks: _____

Signed _____
Name of Individual Title, if applicable Date

III. THIS SECTION TO BE COMPLETED BY PARENT/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.

I also understand that if my variance request is approved, **HCPS transportation is not provided for my child. The family member who is listed as providing childcare is responsible for transporting my child to and/or from the school each day.**

Signed _____ Signed _____
Father / Legal Guardian Date Mother / Legal Guardian Date

RETURN THIS FORM TO THE HOME SCHOOL WITH THE VARIANCE REQUEST FORM