



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