

POWHATAN COUNTY PUBLIC SCHOOLS
VARIANCE REQUEST
SCHOOL YEAR _____

File: JC-F1

THIS SECTION IS TO BE COMPLETED ANNUALLY BY PARENT/GUARDIAN AND RETURNED TO THE SCHOOL BEING REQUESTED

Student's name: _____ Current Grade: _____ Date of Birth: _____
(First) (Middle) (Last)

Student's Present Address: _____
(Number & Street) (City) (Zip Code) (Apt. #)

Name of Parent/Guardian: _____

Home Telephone No: _____ Mother's Work No: _____ Father's Work No: _____

Student's Assigned School: _____ School Attended Last Year: _____

School Requested: _____ Effective Date: _____

Check reason for request: (Attach documentation as indicated)

- ☐ Child care arrangements (complete child care section below)
- ☐ Plan to move to requested school zone (attach copy of lease/purchase agreement)
- ☐ Moved from previous school zone Date entered: _____. Request permission to complete semester/school year _____.

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

Important Legal Notice

Any person who knowingly gives false information on a form used for the purpose of student registration or placement in the Powhatan County Public School System shall be guilty of a misdemeanor. Conviction for violation of this section may result in a fine, imprisonment, or both.

Signed: _____

Date: _____

Relationship to Student: _____

THIS SECTION IS TO BE COMPLETED BY THE PARENT AND THE ORGANIZATION/INDIVIDUAL PROVIDING CHILD CARE

I hereby certify that I have made very reasonable effort to obtain child care services within the school attendance zone of my residence and have been unable to do so.

Explanation:

Name of person or organization: _____ Telephone No: _____

Address: _____

I hereby certify that (I) (we) have agreed to provide regular child care services for the following child:

_____ as follows: From _____ AM until _____ PM on the following days of the

week: _____ Remarks: _____

Signature of Caregiver _____ Title: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY PRINCIPAL AND RETURNED IN 10 BUSINESS DAYS

- ☐ Classroom space available and approved
- ☐ Already registered, no action needed
- ☐ Register now
- ☐ Called to discuss prior to final action (date _____)

Comments: _____

Principal signature: _____ Date: _____