

**KGCS RESIDENT Variance Request Application Form 2023–2024****Applications must be received by the Requested School - June 2, 2023.**

1. Please submit a **separate** Variance Request Application Form **for each child**.
2. **A Variance Request Application Form is valid for up to one academic year and must be submitted annually.**
3. The approval of the Variance Request Application depends upon:
  - The Private Childcare provider's residence/Private Childcare center is in the requested school's attendance zone.
  - The number of students enrolled in the grade level at the requested school.
  - The parent(s) and the student agree that they will comply with all rules and regulations set forth by King George County Schools (KGCS) as outlined in the KGCS Student and Family Handbook and Code of Conduct. Students must maintain good academic standing and consistent attendance.
4. It will be the Parent/guardian's responsibility to ensure daily transportation to and from school and to adhere to the Student Attendance Policy. This includes being **on time** in the morning and **being prompt** for student dismissal in the afternoon. If attendance, academic or disciplinary concerns arise, a meeting will be held at which time the variance may be revoked.
5. The Central Office must be notified within 10 working days of any changes in the information provided on this form. Please contact Stacey Hilderbrand at shilderbrand@kgcs.k12.va.us.
6. Written notification will be mailed to the parent/guardian by July 14, 2023.

**Part I: Variance Request – To be completed by Parent/Guardian (Please Print)****Note: Please drop off at Requested School Office**

Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Grade Level for 2023 – 2024: K 1 2 3 4 5

Parent /Guardian Name: \_\_\_\_\_

Mailing Address (including zip code): \_\_\_\_\_

Physical Address (including zip code): \_\_\_\_\_

Is this residence in King George County? Yes No

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School year 2023 – 2024: **ASSIGNED SCHOOL:** KGESPESSES **REQUESTED SCHOOL:** KGESPESSESReason for Request: Private Childcare Sibling in Gifted Services at KGESSibling in Special Education Services at KGES*(Please note: If Private Childcare is the reason the variance is being requested, please complete Part III of the application)*Does the child receive any special education services? Yes No***(Please note: A transfer of a student receiving special education services requires review of the child's IEP and placement in order to determine if appropriate services are available at the requested school.)***

Comments: \_\_\_\_\_

The information I have provided in Part I is complete and accurate. If the information is found to be inaccurate, the variance may be revoked. A variance request is valid for up to one academic year and must be submitted annually.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: Requested School – To be completed by the Principal of requested school****Note: Please drop off at Requested School Office**

Signature of Principal at Requested School: \_\_\_\_\_ Date: \_\_\_\_\_

RecommendedNot recommended for one of these reasons: Attendance Discipline AcademicGrade Level Enrollment Lives Outside of District Other: \_\_\_\_\_

**Part III: Private Childcare Provider Information (Please Print) 2023–2024**

A Parent/Guardian requesting a variance based upon Private Childcare in a school attendance district other than their residential district must have their private childcare provider certify that the information listed is accurate. The parent/guardian must attach this completed form to the Variance Request Application Form.

**A separate form must be completed for each child.**

Student First and Last Name: \_\_\_\_\_

Requested School: KGES PES SES

Name of Private Childcare Center/Provider: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Private Childcare Phone Number: \_\_\_\_\_

Private Childcare Fax: \_\_\_\_\_

Please explain in detail the reason for the Variance Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mark the type of care that is applicable: Private Childcare – Before School  
Private Childcare – After School

Care on the Following Days of the Week: MondayTuesdayWednesdayThursdayFriday

The Child will be transported to school by: Parent/Guardian  
Private Childcare (Van/Bus/Car)

The Child will be transported from school by: Parent/Guardian  
Private Childcare (Van/Bus/Car)

**The information I have provided in Part III is complete and accurate. If the information is found to be inaccurate, the variance may be revoked. A variance request is valid for up to one academic year and must be submitted annually.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part IV: Requested School Verification (for office use only)**

Choose ONE:

- It is verified that this Private Childcare provider is located in the attendance zone of the requested school.
- It is verified that this Private Childcare provider is NOT located in the attendance zone of the requested school.

Verified by: \_\_\_\_\_ Position: \_\_\_\_\_

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