

KGCS EMPLOYEE - Resident/Non-Resident Variance Request Application Form 2024 – 2025
Applications must be received by the Requested School - June 3, 2024.

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 employee is employed in King George County Schools (KGCS).
 - The Childcare provider's residence/Childcare provider center is in the requested school's attendance zone.
 - The number of students enrolled in the grade level at the requested school.
 - The parent and student agree that they will comply with all rules and regulations set forth by KGCS as outlined in the 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. KGCS must be notified within 10 working days of any changes in the information provided on this form.
6. Please contact your school's registrar with general questions about registration and/or address changes.
7. Variance decisions will be processed in June and families will receive written notification no later than July 12, 2024.

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 2024 – 2025: Preschool K 1 2 3 4 5 6 7 8 9 10 11 12

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 2024 – 2025: KGCS Permanent Employee Resident KGCS Permanent Employee Non-Resident

Employee Employed: Preschool KGES PES SES KGMS KGHS SBO Transportation

Reason for Student Variance Request: Choose all that apply

Option 1: Live outside of KGCS: Student will attend: Preschool KGES PES SES KGMS KGHS

Option 2: Attend a school other than my work location/school for one of the following reasons:

Private Childcare - *If Childcare is the reason the variance is being requested, please complete Part III of the application*

Specific Medical need Special Education need

Student will attend: Preschool KGES PES SES KGMS KGHS

Does the student receive any special education services? Yes No *(Please note: A transfer 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.)*

Option 3: Option 1 and 2 do not apply. Student will attend: Preschool KGES PES SES KGMS KGHS

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: _____

Recommended

Not recommended for one of these reasons: Attendance Discipline Academic

Grade Level Enrollment Other: _____

Part III: Private Childcare Provider Verification (Please Print) 2024 – 2025

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: Preschool KGES PES SES KGMS KGHS

Name of Child Care Center/Provider: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Child Care Phone Number: _____

Child Care 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: Monday Tuesday Wednesday Thursday Friday

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: _____