

## In-District Variance Request Form

### Part One (To be completed by Parent/Guardian)

Parents/Guardians: Once you have completed Part One of this In-District Variance Request Form, please return it to the school designated for your geographic attendance area. If the requested school is open to variances, the school designated for your geographic attendance area will have its principal sign the In-District Variance Request Form (Part Two) and forward it to the school identified on the request line below. The principal's signature only acknowledges receipt of the In-District Variance Request Form. **Requests to a school identified as "closed" will be automatically denied.** Open and Closed Schools are listed on Lake Washington School District's website.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Parent/Guardian Name(s) \_\_\_\_\_

Email Address(es) \_\_\_\_\_

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

Current School Designated for your Geographic Attendance Area: \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Grade Entering \_\_\_\_\_

Current School Attending (if different from School Designated for your Geographic Attendance Area) \_\_\_\_\_

School Requested (one only) \_\_\_\_\_ Start Date Requested \_\_\_\_\_

I understand and agree that if this In-District Variance Request is granted, I assume all responsibility for my student's transportation to and from school and that my student will continue to meet the school's attendance expectations and behavior expectations as set forth in the school's student handbook. I also understand and agree that if granted, this In-District Variance Request removes my student from enrollment at the School Designated for my student's Geographic Attendance Area. I understand that once the In-District Variance is granted, it may not be permanent and is subject to District policies and procedures.

Check if applicable: I am a District Employee

Work Location: \_\_\_\_\_ Position \_\_\_\_\_

Check if applicable: My student will have a concurrently enrolled sibling at the requested school

Name of Sibling \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please print and sign)

Cont'd on page 2

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**Part Two (For School Use Only)**

Signature below only acknowledges receipt of request. If the school requested is “open” to In-District Variance Requests, or the requestor is a district employee, e-mail a copy of this Form to the principal at the requested school. If the school requested is “closed” to In-District Variance Requests, deny the In-District Variance Request, (check DENIED box below), keep a copy, provide a copy to the parent/guardian and e-mail a copy to [variances@lwsd.org](mailto:variances@lwsd.org)

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SIGNATURE OF SENDING SCHOOL ADMINISTRATOR

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DATE

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**Part Three (For School Use Only)**

Once the requested school has received this In-District Variance Request Form, the school will contact the parent/guardian requesting the In-District Variance and let him or her know it has arrived. The school at that time may communicate their decision regarding the In-District Variance Request or communicate expected timelines for the school’s decision to the parent/guardian requestor. Once a decision is made, keep a copy, provide a copy to the parent/guardian, e-mail copies to the sending school administrator and to [variances@lwsd.org](mailto:variances@lwsd.org).

DENIED – The school requested is at enrollment capacity and unable to accept students from outside their designated geographic attendance area

Notes: \_\_\_\_\_  
\_\_\_\_\_

APPROVED for completion of the current school year only.

APPROVED with the following conditions:

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED

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SIGNATURE OF RECEIVING SCHOOL ADMINISTRATOR

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DATE