# **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 (exceptions: concurrently enrolled siblings and children of District employees will be considered). Open and Closed Schools are listed on Lake Washington School District's website: <a href="https://www.lwsd.org/students-families/transfer-options/closed-schools-list">https://www.lwsd.org/students-families/transfer-options/closed-schools-list</a>

Student Name		Date of Birth		
Address				
City	Sta	te	_ Zip Code	
Parent/Guardian Name(s)				
EmailAddress(es)				
Home Phone	Work Phone Cell Phone			
Current School Designated for yo	ur Geographic Attendance	Area:		
Current Grade Level		Grade Entering		
Current School Attending (if differ	ent from School Designate	ed for your Geograp	hic Attendance Area)	
School Requested (one only)		Start Date Requested		
transportation to and from schoo behavior expectations as set fort District Variance Request remove Attendance Area. I understand th District policies and procedures. Check if applicable	I and that my student will h in the school's student h es my student from enrolln hat once the In-District Vari	continue to meet th andbook. I also un nent at the School ance is granted, it	sume all responsibility for my student's ne school's attendance expectations and derstand and agree that if granted, this In- Designated for my student's Geographic may not be permanent and is subject to uest program and I am requesting a Quest variance	
Work Location		Position		
Check if applicable	: My student will have a co	ncurrently enrolled	sibling at the requested school	
Name of Sibling		Grade Entering		
Parent/Guardian Signature		Date		
Continued on page 2	(Please print and sig	gn)		
1				

## 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 or student will have a concurrently enrolled sibling, e-mail a copy of this Form to the principal and registrar 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

#### SIGNATURE OF SENDING SCHOOL ADMINISTRATOR

DATE

#### 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 <u>variances@lwsd.org.</u>

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

SIGNATURE OF RECEIVING SCHOOL ADMINISTRATOR

DATE