

# VARIANCE REQUEST FORM

## 2023-2024 School Year



Use this form to request your student attend a school in ONE91 other than your school of residence. If approved, parent/guardian is responsible for transportation. A decision will be communicated after the lottery process is held on the 5<sup>th</sup> of each month. The variance process can be viewed on the district website at [www.isd91.org](http://www.isd91.org)

Variance requests do NOT need to be completed annually; only when the student's **address or school changes** (i.e.: elementary to middle school.)

**Submit one form per student to:** ONE 91 Enrollment Center, 200 West Burnsville Pkwy, Burnsville, MN 55337

Email to: enrollmentcenter@isd191.org

Fax to: 952-707-4181

### **Student Information:**

Name (first, middle, last) \_\_\_\_\_

Requested Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **Parent / Guardian Information:**

Name (first, middle, last) \_\_\_\_\_

Street Address \_\_\_\_\_

APT/Unit # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home / Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\_\_\_\_\_  
School of Residence / Currently Attending

\_\_\_\_\_  
School Requested

\_\_\_\_\_  
Requested Start Date

### **Reason for Request:**

- To sever my student's current variance and return to our school of residence.
- To remain at the school my student is currently attending.
- Student has sibling who currently attends the requested school.
- Student has a parent who works at the requested school.
- Student has child care in the neighborhood of the requested school.
- Other: \_\_\_\_\_

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

**For Office Use Only:** Student ID# \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Synergy Updated On: \_\_\_\_\_ Variance Code \_\_\_\_\_ Variance Code Removed \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_