

**PICKENS COUNTY BOARD OF EDUCATION  
ZONE VARIANCE REQUEST**

School Year: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_(home) \_\_\_\_\_(work)

Type variance Requested (circle one):    Zone-In County    District-Out of County

School Zone in which you currently reside: \_\_\_\_\_

School Zone for which you are requesting transfer: \_\_\_\_\_

School in which you are currently enrolled: \_\_\_\_\_

Reason variance is requested: (Please mark **at least** one of the four reasons.)

- \_\_\_\_\_ 1.    Specialized academic, vocational or special education curriculum not available in the current zone or district.
- \_\_\_\_\_ 2.    Health of the student is in jeopardy. (Attached letter from physician)
- \_\_\_\_\_ 3.    The safety of the student is in jeopardy. (Attach description)
- \_\_\_\_\_ 4.    Child of a full-time employee of the Pickens County School District.
- \_\_\_\_\_ 5.    Majority to Minority

Signature: \_\_\_\_\_

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Board action:    \_\_\_ Approved \_\_\_ Rejected    Date: \_\_\_\_\_

Signature of Board President: \_\_\_\_\_