



ELEMENTARY/MIDDLE SCHOOL VARIANCE REQUEST 2026-2027

THIS REQUEST IS SEPARATE FROM THE OPEN ENROLLMENT PROCESS
Please only use this form after July 1 for requests for the 26-27 School Year

ATTENDANCE VARIANCES ARE SUBJECT TO THE FOLLOWING CONDITIONS:

1. The contract between the Nashua Teachers' Union and the Board of Education limits enrollment, thus, placement of your child depends upon classroom **enrollments** in the requested school and the availability of support services, if required.
2. **Parent must first register at the Welcome Center.**
3. **Parents must provide transportation for students attending** a school outside their own attendance area. These students are not eligible for school-funded transportation.
4. If students accumulate more than three official office referrals, or are suspended out of school for any reason, the principal reserves the right to revoke the variance.
5. If students accumulate over 10 unexcused absences, the principal reserves the right to revoke the variance.
6. **Special Education Student:** Before a placement change can be approved, both the sending and receiving special education teams should meet to determine if special education needs can be met in the new school. If they cannot, then the variance cannot be approved.
7. **Variance may be revoked if the student does not maintain grades and meet the behavior and attendance school expectations. Student will return to the neighborhood school if grades, attendance or behavior concerns do not improve immediately after an initial warning has been made.**
8. **An approved request is for one school year only and expires at the end of the school year for which it is granted.**
9. **A new request must be submitted each year, either through the variance or open enrollment process.**

I have read and understand the conditions 1-9.

Signature of Parent/Guardian: _____ Date _____

PARENTS – PLEASE COMPLETE STEP I ONLY – (PLEASE PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURE)

STEP I The parent/guardian completes the information requested below:

Student's Name _____ Male _____ Female _____
(please print)

Variance Request is for Grade _____

Student in an ELL Program? Yes ☐ No ☐

Student is identified for special education services? Yes ☐ No ☐

Student has a 504? Yes ☐ No ☐

Requested School _____ Neighborhood School _____

Parent/Guardian _____ Telephone _____
(please print)

NEW Address _____ Zip Code _____

Previous Address _____ Zip Code _____ Effective _____

Parent's reason for request (with supporting documentation, if applicable): Please explain in detail.

STEP II The Principal of the neighborhood school will meet with the family to discuss the request and review the form.

Neighborhood School Principal's Recommendation:

Transition Concerns:

Principal's Signature: _____ Date: _____

STEP III For all Special Education Students, both school teams must meet to determine if special education services can be met at requested school.

Special Education Team Recommendations:

Transition Concerns:

Special Education LEA Signature: _____ Date: _____

STEP IV The requested school principal and parent/guardian will meet, prior to any action by the Assistant Superintendent, to discuss the issues that have prompted the variance request. This form will be completed and include the Principal's recommendation and signature.

Requested School Principal's Recommendation:

Principal's Signature: _____ Date: _____

STEP V The Attendance Variance Request will be forwarded by the building principal to the Assistant Superintendent for final action.

FOR ASSISTANT SUPERINTENDENT'S USE:

- ☐ APPROVED FOR THE 2026-2027 SCHOOL YEAR
- ☐ DENIED: Due to class enrollment
- ☐ DENIED: Invalid Reason
- ☐ DENIED: Insufficient Information
- ☐ DENIED: For other reasons _____