

SCHOOL DISTRICT NO. 60 (Peace River North)
ATTENDANCE VARIANCE APPLICATION

Section 1 - PARENT TO COMPLETE

Date: _____

(And return to your home area school)

Student Name: _____

Grade: _____

Student is living with (please circle): Both parents / mother / father / Guardians / Other

*In the case of shared custody both parents should be in agreement prior to submitting this request

Mother's Name: _____

Father's Name: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Present Address: _____

Home area school: _____

School Requested: _____

Last School Attended:

1) _____ Grade(s): _____

2) _____ Grade(s): _____

Describe any special assistance provided by the previous schools (e.g. Learning Assistance, Speech, Education Assistant, Counselling)

Please include any reasons you wish to share for your variance application. Please note that the approval of a variance is primarily based on available classroom space and resources.

Approval is granted for one (1) year only and must be renewed each year. Approval is conditional on space being available without displacing home area students. Appropriate conduct and attendance must be maintained. Other conditions may apply and are noted below. Your signature indicates that you have read and understand the conditions.

Parent/Guardian Signature

Section 2 - OFFICE USE ONLY

Administrator will consult with the variance school.

Approved Not Approved

Principal's Signature

Reason(s) if not approved or conditions for variance approval:

Please make copies of completed form for: parent, and Variance school. Original remains with Home area School.