LINCOLN COUNTY SCHOOL DISTRICT

INTRA-DISTRICT ZONE VARIANCE REQUEST

Current Information Date of Request _____/_____/_____

Student Name: _____ Zoned School:_____

Legal Physical Address: _____

Parent/Guardian Name(s): _____

Home Phone: _____

Information for the School Year that the Variance will take place

School Year: _____ Grade Student will be entering for the school year: _____

Reason for request: _____

Requested School: _____

If Variance is granted, I understand: (Please initial each line)

_____ Special transportation will ***NOT*** be provided by Lincoln County School District.

_____ My Child must maintain a satisfactory attendance, behavior, and academic standing.

_____ This variance will expire at the end of the school year and must be renewed annually.

Parent Signature: _____ Date:_____

OFFICE USE ONLY

ZONED SCHOOL Date Received _____/_____/_____ Received By: _____

Release is _____ GRANTED _____DENIED For Grade: _____

Comment / Reason _____

Signature of Principal _____ Date _____

REQUEST SCHOOL Date Received _____/_____/_____ Received By: _____

Release is _____ GRANTED _____DENIED For Grade: _____

Comment / Reason _____

Signature of Principal _____ Date _____

ORIGINAL GOES TO DISTRICT OFFICE

COPIES GO TO: Parent, Requested School, Zoned School