CUMBERLAND COUNTY PUBLIC SCHOOLS VARIANCE FORM P. O. Box 170 · Cumberland · VA 23040

PRINT CLEARLY PLEASEFOR	(VALID FOR ONE	SCHOOL YEAR SCHOOL YEAR ONLY)	OFFICE USE: Date Rece	
Student ID Number (if known)				
Student's Name		Birth Date	Grade Entering	
Home Address		City/State	Zip Code	
Parent/Guardian Name	Home Phone	Work Phone	Email	
SCHOOL REQUESTING:		CURRENT/LAST SCHOOL DIVISION:		
School	Grade	School	Grade	
Resident/Service Area School:				
REASON FOR REQUEST:				
Continuing Student Sibling at Sc Home Location Work L Comments:	ocation All D	•	afety Other .	
fudent Receives Special Education Se	ervices	YES □NO If yes, and new to	the District please attach IEP	
tudent Receives Section 504 Services □YES □NO If yes, and new to the District please attach 504 Plan				
Ias the student been suspended/expell	ed from previous school 🗆	YES □NO		
A variance may be denied or withdraw enrollment poses a risk to the health or assignments may also be cause for with tudents who live outside of Cumberlan	safety of other students or idrawal. Cumberland Cou	staff. Falsification of stude nty Public Schools makes no	ent information to obtain school o provision for transportation for	
Pate		Parent/Guardian Signature		
	****FOR OFFICE	USE ONLY***		
REQUEST APPROVED	□R	□REQUEST DENIED		
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	De	nial Reason: USpac	e availability	
lAttendance Discipline				
Educational program availability				
gnature of Superintendent/Designee:		<u>, </u>	Date:	
Updated 8/16/2010				