

# VARIANCE REQUEST FORM

For School Year \_\_\_\_\_



Use this form if you desire to have your student attend a different school in the Burnsville-Eagan-Savage School District other than the school in your attendance area. Please complete one form per student and return to: **District 191 Enrollment Center, 200 West Burnsville Parkway, Burnsville, MN 55337** or E-mail to [enrollmentcenter@isd191.org](mailto:enrollmentcenter@isd191.org) or Fax to 952-707-4181.

A decision on the variance request will be communicated after the lottery process is held on the 5<sup>th</sup> of the month. The variance process can be viewed on the district website at [www.isd191.org](http://www.isd191.org).

The parent/guardian **must** provide transportation unless the variance is for a program for which transportation is provided. Programs that **may** offer transportation are the STEM (Science, Technology, Engineering and Mathematics) and Gifted Talented Magnets. You do not need to complete a variance request annually; only when the student's address or school changes (e.g. elementary to middle school).

## **Student Information:**

Name (Last, First, Middle) \_\_\_\_\_

Current Grade: \_\_\_\_\_ Requested Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **Parent/Guardian Information:**

Name (Last, First, Middle) \_\_\_\_\_

Address (Street, City, Zip) \_\_\_\_\_

Telephone Numbers with Area Codes \_\_\_\_\_

E-mail Addresses \_\_\_\_\_

\_\_\_\_\_ School of Residence

\_\_\_\_\_ School Requested

\_\_\_\_\_ Requested Start Date

Does this student have a sibling who is currently attending the requested school? Yes  No

## **Reason for request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The above information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

**For Office Use Only:** Student ID # \_\_\_\_\_

Variance Code: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Registration Paperwork \_\_\_\_\_

Transportation is Authorized: Yes \_\_\_\_\_ No \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_