VARIANCE REQUEST FORM





Future Ready. Community Strong.

Use this form to request your student attend a school in ONE91 other than your school of residence. If approved, parent/guardian is responsible for transportation. A decision will be communicated after the lottery process is held on the 5th of the month. The variance process can be viewed on the district website at www.isd191.org.

Variance requests do NOT need to be completed annually; only when the student's **address or school changes** (e.g. elementary to middle school).

Submit one form per student to:

ONE91 Enrollment Center, 200 West Burnsville Parkway, Burnsville, MN 55337, E-mail to enrollmentcenter@isd191.org or Fax to 952-707-4181.

Student Information:			
Name (Last, First, Middle)			
Current Grade: Requ	nested Grade:	Date of Birth:	
Parent/Guardian Information:			
Name (Last, First, Middle)			
Address (Street, City, Zip)			
Telephone Number(s)			
E-mail Address			
School of Residence	School Requested	Requested Sta	art Date
Reason for request: To remain at the neighborhood school	l my student attended during t	the 2019-20 school year.	
☐ Student has a sibling who currently at	tends the requested school.		
Student has a parent who works at the	e requested school.		
☐ Student has child care in the neighbor	hood of the requested school.		
Other:			
Parent/Guardian Signature		Date	
For Office Use Only: Student ID #_	Va	ariance Code:	
Approved Denie	d		
Authorized Signature		Date	
Comments			
Distribution: School of Residence & Variance Sc			