

PICKENS COUNTY BOARD OF EDUCATION
ZONE VARIANCE REQUEST

School Year _____ Date of Request _____

Student Name _____

Grade _____ Race _____ Sex _____

Parent/Guardian Name _____

Address _____
Street City State Zip

Phone _____ (H) _____ (W)

Type Variance Requested (circle one): Zone-In County District-Out of County

School Zone in which you currently reside: _____

School Zone for which you are requesting transfer: _____

School in which you are currently enrolled: _____

Reason variance is requested: (Please mark at least one of the four reasons.)

- _____ 1. Specialized academic, vocational or special education curriculum not available in the current zone or district.
- _____ 2. Health of the student is in jeopardy. (Attached letter from physician)
- _____ 3. The safety of the student is in jeopardy. (Attach description)
- _____ 4. Child of full-time employee of the Pickens County School District.

Signature _____

Board action: Approved Rejected Date _____