

**SCHOOL DISTRICT NO. 60 (Peace River North)**  
**ATTENDANCE VARIANCE APPLICATION**

**Section 1 - PARENT TO COMPLETE**

(And return to your home area school)

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Going into  
Grade: \_\_\_\_\_

Student is living with (please circle): Both parents / mother / father / Guardians / Other

\*In the case of shared custody both parents must be in agreement prior to submitting this request

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian 2 Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home area school: \_\_\_\_\_

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

Last School Attended:

1) \_\_\_\_\_ Grade(s): \_\_\_\_\_

2) \_\_\_\_\_ Grade(s): \_\_\_\_\_

Describe any special assistance provided by the previous schools (e.g. Learning Assistance, Speech, Education Assistant, Counselling)

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

Please include any reasons you wish to share for your variance application. Please note that the approval of a variance is primarily based on available classroom space and resources.

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

*Approval is granted for one (1) year only and must be renewed each year. Approval is conditional on space being available without displacing home area students. Appropriate conduct and attendance must be maintained. Other conditions may apply and are noted below. Your signature indicates that you have read and understand the conditions.*

\_\_\_\_\_  
**Parent/Guardian Signature**

**Section 2 - OFFICE USE ONLY**

Administrator will consult with the variance school.

Approved  Not Approved

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Principal's Signature

Reason(s) if not approved or conditions for variance approval:

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Please make copies of completed form for: parent, and Variance school. Original remains with Home area School.