VARIANCE
(Student lives within Cave Creek Unified School District boundaries
and is requesting to attend a CCUSD School other than the home school.)
ATTENDANCE APPLICATION
File this application at the School Front Office

Student’s name ____________________________________________________________
Last Name  First Name  M.I.

Current grade: ______ Birth Date: _______ Home phone: ______________________________

Work phone: ______________________________ Email: _________________________________

Parent’s name ____________________________________________________________
Last Name  First Name  M.I.

Home address ____________________________________________________________
Street __________________________________ City __________________ Zip __________

The above-named student resides within the CCUSD® boundaries (Variance)

Student’s home school: _______  Student requesting Variance to: _______

BMES  DSA  DWES  HTES  LMES  BMES  DSA  DWES  HTES  LMES

Please state reason for applying for Variance:
____________________________________________________________________________________
____________________________________________________________________________________

Is a son/daughter of employee?

NOTE: The following conditions apply to the Variance program:

1. An attendance application can be completed and submitted at any time.
2. Enrollment is subject to the capacity limit established for the school and/or its grade level.
3. The parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on a
   waiting list within two (2) weeks of receipt of paperwork.
4. Transportation for the student is the responsibility of the parent or legal guardian. The parent or legal guardian must
   arrange safe transportation into the attendance area of the receiving school. Special consideration may be given to staff
   and Governing Board members’ students.
5. Providing false information on this form will result in the application being denied or admission being revoked.

_________________________________________________________  ________________________________
Signature of Parent or Legal Guardian             Date

School Year _____________________________

Rev. 2/2019
FOR DISTRICT USE ONLY – DO NOT WRITE BELOW THIS LINE

Student Number: _________________ Date stamp filing date: ________________________________

☐ Accepted
☐ Placed on waiting list
☐ Rejected

Reason for rejection: __________________________________________________________________

Principal Signature: ___________________________ Date: __________________________

cc: Superintendent’s office – Date: __________________________

Applicant – Date: __________________________