

## APPLICATION FOR BABYSITTER HARDSHIP

Please complete all pages of this form. Please list only one student per form.

<b>STUDENT INFORMATION</b>	New Request: _____ or Renewal Request: _____ Current Age: _____ Birthdate: _____ Name of Student: _____ Grade Entering _____ for school year 20 _____ - 20 _____ Zoned School: _____ Preferred School: _____ <i>Pre-Kindergarten students are not eligible to use this form. Please contact the Pre-K Coordinator at (434) 515-5030.</i>
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<b>PARENT/GUARDIAN INFORMATION</b>	Name of Parent/Guardian: _____ Physical Address: _____ <small style="margin-left: 100px;">Street</small> <span style="margin-left: 200px;"><small>City</small></span> <span style="margin-left: 50px;"><small>Zip</small></span> Home Phone: (____) _____ Work Phone: (____) _____ Other: (____) _____ Does child live with:    Both Parents    Mother    Father    Other: _____ <small style="margin-left: 150px;">Specify Relationship</small> <b><u>Parent/Guardian 1</u></b> Place of Employment: _____ <b><u>Parent/Guardian 2</u></b> Place of Employment: _____
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<b>JUSTIFICATION OF REQUEST FOR HARDSHIP</b>	Explain in detail the work-related hardship. Write on the back of this form if more space is needed. _____ _____ _____ _____ _____ _____
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**PARENT/GUARDIAN'S STATEMENT:**

**I understand that**

- If approved, reassignment will be **for one year only** in the preferred school on a space-available basis only. **Applications must be submitted annually for consideration.** The Superintendent or designee will make the final decision regarding the school placement.
- No transportation adjustments will be made due to the alternative placement. I must insure that the child arrives and departs at the scheduled hours and has good attendance (including no tardiness), grades, and behavior in order to maintain this placement.
- If false information is provided on this application, it is cause for denial of the request or reversal, if approval had been previously granted.

**I certify that:**

- The above information is true and correct.
- I have read School Board regulation JEC-R SCHOOL ADMISSION.
- If any of the conditions indicated in this document should change during this school year, (I) (we) will notify the school administrator within 10 business days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

## APPLICATION FOR BABYSITTER HARDSHIP

**PART 2:** *Child care provider*, please complete all of the information requested on the page below and return the completed form to the parent/guardian listed above.

<b>STUDENT INFORMATION</b>	Name of Student: _____ Grade Entering _____ for school year 20____ - 20____ Parent/Guardian's Name: _____
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<b>Private Home Child Care Provider</b>	Child care provider's name: _____ <small style="margin-left: 400px;">Please Print</small> Street Address _____ City _____ Zip Code _____ Telephone # _____ Cell Phone # _____ Other Phone # _____ I will be providing child care services for the above named child as specified below. Dates between which child care will be provided _____ to _____ <small style="margin-left: 100px;">Date</small> <small style="margin-left: 150px;">Date</small> Nature of Child Care: (please check all that apply) _____ Before school care    _____ After school care    _____ Care only on an as needed basis
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<b>Child Care Facilities</b>	Facility License # _____ Name of Child Care Facility: _____ Street Address _____ City _____ Zip Code _____ Telephone # _____ Cell Phone # _____ Other Phone # _____ The staff at this facility will be providing child care services for the above named child as specified below. Dates between which child care will be provided _____ to _____ <small style="margin-left: 100px;">Date</small> <small style="margin-left: 150px;">Date</small> Nature of Child Care: (please check all that apply) _____ Before school care    _____ After school care    _____ Care only on an as needed basis
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<b>Additional Comments</b>	_____ _____ _____ _____
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**CERTIFICATION OF CHILD CARE SERVICE:**

If any of the conditions indicated in this document should change during this school year, (I) (we) will notify the school administrator within 10 business days.

Child Care Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION FOR BABYSITTER HARDSHIP

**PART 3: Employment Verification for Parent/Guardian**, please complete all of the information requested on the page below and return the completed form to the parent/guardian listed below.

School Year 20 \_\_\_\_\_ - 20 \_\_\_\_\_

Lynchburg City School Board regulation JC-RZ, Section D – Elementary Child Care specifies that, “A parent/ guardian may request an alternative assignment for elementary students if there is a documented hardship involving a working parent/guardian and the need for child care services.”

- **The employee listed below is applying for an elementary school reassignment based on a work-related hardship. Please assist the Lynchburg City Schools’ Deputy Superintendent’s office in documenting the need for this reassignment by completing the information requested below.**
- **All information on this form must be complete, and all components of the application submitted to the Lynchburg City Schools’ Deputy Superintendent’s office in order for the reassignment request to be considered. An employment verification form must be completed and submitted for each parent/guardian with whom the child lives.**

<b>Employee INFORMATION</b>	This section is to be completed by the employee parent/guardian.		
	Parent/Guardian’s Name: _____ <small>(Please Print or Type)</small>		
	Child(ren’s Name(s): _____	Age _____	Grade _____
	Child(ren’s Name(s): _____	Age _____	Grade _____
	Child(ren’s Name(s): _____	Age _____	Grade _____

<b>Employment INFORMATION</b>	This section is to be completed by the employer’s HR department or supervisor.					
	Company Name: _____ <small>(Please Print or Type)</small>					
	Please indicate the daily work schedule of above named employee:					
		Monday	Tuesday	Wednesday	Thursday	Friday
	Hours of work I.E. 7 -5					
If the employee has a flexible work schedule, please explain the variation(s) in their schedule.						
_____ <b>If the employees work schedule, or status of employment changes, please contact                  Lynchburg City Schools at (434) 515-5070.</b>						

**CERTIFICATION OF EMPLOYMENT:**

I certify that the above information pertaining to employment for the named parent/guardian is true and accurate.

Company Contact’s Name \_\_\_\_\_  
(Please Print or Type) (Signature)

\_\_\_\_\_  
Company Contact’s Position/Title Date ( ) Phone #

## APPLICATION FOR BABYSITTER HARDSHIP

**PART 3: Employment Verification for Parent/Guardian**, please complete all of the information requested on the page below and return the completed form to the parent/guardian listed below.

School Year 20 \_\_\_\_\_ - 20 \_\_\_\_\_

Lynchburg City School Board regulation JC-RZ, Section D – Elementary Child Care specifies that, “A parent/guardian may request an alternative school assignment for elementary students if there is a documented hardship involving a working parent/guardian and the need for child care services.”

- **The employee listed below is applying for an elementary school reassignment based on a work-related hardship. Please assist the Lynchburg City Schools’ Deputy Superintendent’s office in documenting the need for this reassignment by completing the information requested below.**
- **All information on this form must be complete and all components of the application submitted to the Lynchburg City Schools’ Deputy Superintendent’s office in order for the reassignment request to be considered. An employment verification form must be completed and submitted for each parent/guardian with whom the child lives.**

<b>Employee INFORMATION</b>	This section is to be completed by the employee parent/guardian.		
	Parent/Guardian’s Name: _____ <small>(Please Print or Type)</small>		
	Child(ren)’s Name(s): _____	Age _____	Grade _____
	Child(ren)’s Name(s): _____	Age _____	Grade _____
	Child(ren)’s Name(s): _____	Age _____	Grade _____

<b>Employment INFORMATION</b>	This section is to be completed by the employee’s HR department or supervisor.					
	Company Name: _____ <small>(Please Print or Type)</small>					
	Please indicate the daily work schedule of above named employee:					
	Hours of work I.E. 7 -5	Monday	Tuesday	Wednesday	Thursday	Friday
If the employee has a flexible work schedule, please explain the variation(s) in their schedule.  _____						
<b>If the employees work schedule or status of employment changes, please contact Lynchburg City Schools at (434) 515-5070.</b>						

**CERTIFICATION OF EMPLOYMENT:**

I certify, under penalty of perjury, that the above information pertaining to employment for the named parent/guardian is true and correct.

Company Contact’s Name \_\_\_\_\_  
(Please Print or Type) (Signature)

\_\_\_\_\_  
Company Contact’s Position/Title Date (      ) Phone #

## APPLICATION FOR BABYSITTER HARDSHIP

### Policy and Procedures

#### Lynchburg City School Board Regulation JC-RZ, Section D – Elementary Child Care

A parent/guardian may request an alternative school assignment for elementary students if there is a documented hardship involving a working parent/guardian and the need for child care services. The following procedures will be used to implement the policy:

1. Alternative placement of elementary children will be based on documented evidence of hardship.
2. No transportation adjustments will be made due to the alternative placement and parents must insure that the children arrive and depart at the scheduled hours. If a bus serving the student's base school stops at the child care facility, the student must attend the base school and no alternative placement will be provided. If there is an established bus stop for the assigned alternative school that serves the private child care provider's home or the child care facility, and no bus for the base school, the student may ride the bus to their alternative placement. Students receiving alternative placements may not ride buses for schools for innovation or the Gifted Opportunity (GO) Center, unless they have been accepted into those programs. No individual bus schedules will be developed for reassigned students.
3. Alternative assignments will be made on a space available basis.
4. Decisions regarding elementary school reassignments will be based on an application/approval process handled by the Deputy Superintendent's office.
5. Only one alternative placement will be made during a child's elementary years. If a change occurs in the child care situation, the parent/guardian may choose to return to the base school.
6. Each child for whom an elementary school reassignment is requested must be approved on an individual basis.
7. Elementary school reassignments will be valid for a period of one year. Parents/guardians must reapply for consideration annually.
8. Parents/guardians must insure that reassigned students maintain good attendance as well as consistently arrive and depart school according to the published hours of operation for elementary schools.
9. Reassignments may be revoked for students who experience issues related to truancy; including, but not limited to, excessive absences, tardies, or early dismissals, and repeated late pick-ups from school and the child/children may be required to attend the school serving the legal residence of the parent/guardian.
10. Parents/guardians must notify the Deputy Superintendent's office of changes in their work schedule that would affect the documented work-related hardship. Work-related changes that no longer warrant a reassignment and/or failure on the part of the parent/guardian to notify the Deputy Superintendent's office of such changes may result in revocation of the elementary school reassignment. The child/children may be required to attend the school serving the legal residence of the parent/guardian.
11. Providing false information to obtain an alternative placement will automatically void the reassignment and the child/children will be required to attend the school serving the legal residence of the parent/guardian.
12. Applications for Babysitter Hardships must be received in the Deputy Superintendent's office by November 30 of each school year. No reassignments will be considered for the school year after this date with the exception of families who move into the city of Lynchburg after November 30.
13. Elementary school reassignment does not apply to elementary schools for innovation.
14. Students who have completed a minimum of four consecutive years in one elementary school may continue in that same school until the end of their elementary program without completing further Babysitter Hardship applications.
15. Upon completion of the elementary school program, the student must then attend the middle school serving the student's residence.

## APPLICATION FOR BABYSITTER HARDSHIP

### PROCEDURES

Site visits to the child care facility (business or private home) may be conducted by Lynchburg City Schools. Private child care providers may be contacted periodically to verify the status of their services for named children. Employers may also be contacted periodically to verify the parent/guardian's work hours.

**REVOCATION CLAUSE:** Previous approval of Babysitter Hardship applications may be reversed at any time the conditions of Lynchburg City Schools regulation JC-RZ, Section D – Elementary Child Care are not met. This includes, but is not limited to, situations that involve truancy (excessive absences, tardies, or early dismissals), repeated late departures from school, excessive behavior infractions, change in parent's work status resulting in no documented work-related hardship, or providing false information to get the reassignment. If approval is reversed, the child or children involved would be required to immediately enroll in the school serving the legal residence of the parent/guardian.

**APPLICATION INFORMATION:** This is a three (3) part application. All three (3) parts of the application must be completed and submitted to the Lynchburg City Schools Deputy Superintendent's office before the elementary school reassignment request will be considered.

**Part 1 – Parent and Student Information** (All information is to be completed by the parents/guardians.)

**Part 2 – Child Care Provider's Verification Form** (A separate form must be completed for each child for whom a reassignment is being requested.)

- Parent/guardian: complete parent and child information at the top of each form
- Child care facility or private child care provider: complete remainder of the form

**Part 3 – Employer's Verification Form** (An employment verification form must be completed and submitted for each parent/guardian with whom the child lives.)

- Part 1: Parent/guardian – Complete Employee's Personal Information
- Part 2: Child Care Provider – Complete information pertaining to your facility/private child care service
- Part 3: Employer's Verification Form
  - Two copies of the form have been provided for your convenience, one for each parent/guardian's employer to complete. *(Additional copies of the completed forms will be made by the Deputy Superintendent's office when families are submitting applications for more than one child.)*

**Return parts 1-3 of the application together to: Deputy Superintendent's Office**  
Lynchburg City Schools  
P. O. Box 2497  
Lynchburg, VA 24505-2497

This page is for your records,  
please do not return with application.