

Date of Request: ____/____/____ Local Education Agency: _____

Superintendent or nonpublic school Leader: _____

Primary Point of Contact for this request, if different than superintendent or nonpublic school leader:

Name and title: _____ Phone number: _____

Email: _____

BESE regulation(s) requested to be waived:

Bulletin Number/Title _____ Section Number/Section Title _____ Subsection _____ Length of time waiver is needed: From approval until ____/____/____
Bulletin Number/Title _____ Section Number/Section Title _____ Subsection _____ Length of time waiver is needed: From approval until ____/____/____
Bulletin Number/Title _____ Section Number/Section Title _____ Subsection _____ Length of time waiver is needed: From approval until ____/____/____
Bulletin Number/Title _____ Section Number/Section Title _____ Subsection _____ Length of time waiver is needed: From approval until ____/____/____

Please note that waivers will be granted for a maximum of one academic year, unless approval is granted for longer periods of time based on extenuating circumstances.

Description of why waiver is needed (must include explanation of what the LEA has done thus far to attempt to address the situation and what will happen if waiver is not granted):

Signature of superintendent or nonpublic school leader _____