

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.

In the space below, please explain why the waiver is necessary; describe what has been done to address the situation thus far and what will happen if the waiver is not granted.

Signature of superintendent or nonpublic school leader _____

Please return this form to Ryan Gremillion, Policy Director at the Louisiana Department of Education, at ryan.n.gremillion@la.gov. Please note that waiver requests for the 2018-2019 school year shall be submitted to the LDE by no later than May 31, 2018. Waiver requests requiring BESE approval that cannot be considered on an emergency basis will be considered on the next regularly scheduled board meeting date, pursuant to timelines for adding items to the meeting agenda. Call 225-342-1501 if you have any questions.