

DATE OF REQUEST:

REQUEST FOR SCHOOL YEAR:

LOCAL EDUCATION AGENCY:

SUPERINTENDENT OR SYSTEM LEADER:

CONTACT NAME AND TITLE:

EMAIL:

TELEPHONE NUMBER:

REQUEST FOR WAIVER OF POLICY

Bulletin 741, *Louisiana Handbook for School Administrators*, §2313. Elementary Program of Studies, pertaining to BESE mandated elementary level foreign language programs in accordance with R.S. 17:272.

*Waivers are granted from the date of approval and for a maximum of one academic year, unless approval is granted for a longer period of time based upon extenuating circumstances.*

Bulletin number, title, and section:

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*In the space below, please explain why the waiver is necessary and describe steps taken within BESE policy to address the situation thus far. Note also what would be the impact of denial of waiver request.*

Signature of superintendent or system leader: