



NEW WAIVER INTENT TO APPLY FORM

Kelli Blackburn, School Improvement Coordinator

School: _____ Principal: _____ Date: _____

Regional/Associate Director: _____ SAC Chair/Co-Chairs: _____

Policy or Contract Article to be Waived:

Waiver Request Description:

Waiver Request Rationale:

Principal Signature: _____ Date: _____

SAC Chair/Co-Chairs Signature(s): _____ Date: _____

• District Response:

- ___ Waiver is supported to continue with the process.
- ___ Waiver is NOT supported to move forward. Reason: _____

School Improvement Coordinator Signature: _____ Date: _____

- Waiver Review Panel Date: _____
- School Board Meeting Date: _____