NEW WAIVER INTENT TO APPLY FORM

Kelli S. Blackburn, School Improvement Coordinator

School:	Principal:	Date:
Regional Director:	SAC Chair/Co-Chairs:	
Policy or Contract Article to be Wa	ived:	
Waiver Request Description:		
Waiver Request Rationale (include	data to support the need for a waiver):	
SAC Chair/Co-Chairs Signature(s):		Date:
Principal Signature:		Date:
Regional Director Signature:		Date:
District Response:		
	orted to continue with the process.	
 Waiver is NOT 	supported to continue with the process.	
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School Improvement Coordinator	Signature:	Date:

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