



ADE USE ONLY: Completed
 Waiver Request Submission Date:

Act 1240 Waiver Request

District Name: _____ **LEA:** _____

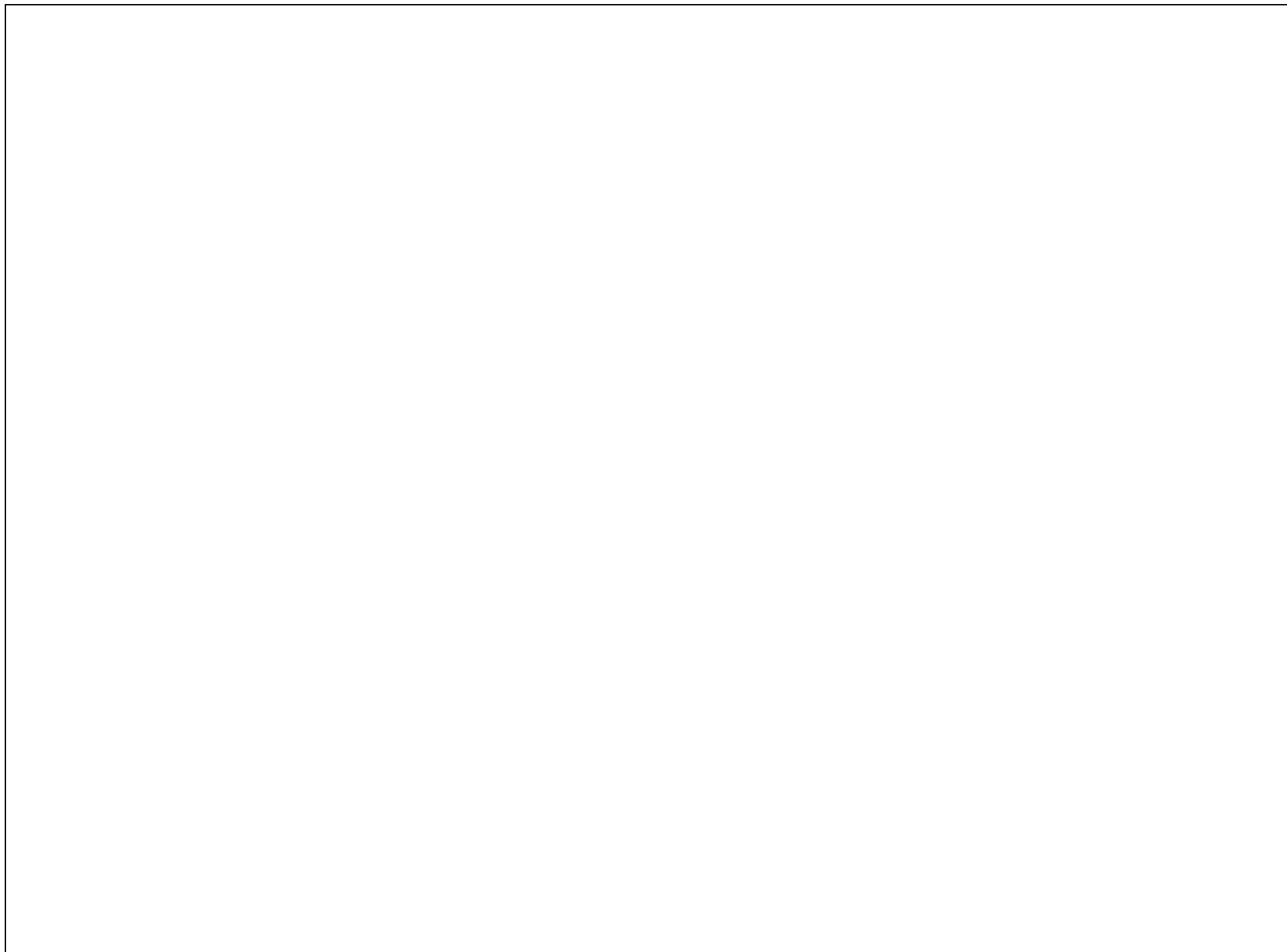
Superintendent: _____ **Email:** _____ **Phone:** _____

Waiver Topic	Standard for Accreditation	Division Rules	Arkansas Statutes	Duration Requested	Name of Open Enrollment Charter Holding Waiver

The proposed waiver(s) will apply to the following schools:

Schools	Grades	Specific Classes (if applicable)

1. Provide a detailed rationale explaining how the waivers will enhance student learning opportunities, promote innovation or increase equitable access to effective teachers.



2. Provide a detailed explanation of how the services being waived will be provided for students.

This area is reserved for providing a detailed explanation of how the services being waived will be provided for students. It is currently blank.

3. Provide a detailed explanation of how the district will monitor and evaluate the effectiveness of the waiver.



The following documents must be submitted with the waiver request:

- 1. Evidence of the local school board's approval of the waiver request(s)**
- 2. Evidence of stakeholder involvement, including teachers and student families**