



Waiver Modification Request Form

The Waiver Modification Request Form and all required documentation must be received via email (ade.charterschools@ade.arkansas.gov) at the Arkansas Department of Education at least 28 days prior to the Charter Authorizing Panel meeting.

Charter Name: _____ LEA #: _____

Primary Contact Name: _____

Primary Contact Email: _____ Primary Contact Phone: _____

Statute/Standard/Rule to be Waived. Please include the specific applicable Arkansas Annotated Code and/or Rule(s):

ACA Code or Rule Number	Summary of Requested Statute Being Waived

RATIONALE for Requested Modification:

**** Please complete the Impact of Modification (i.e. academic, financial, operational) on next page ****

Charter Name: _____

Impact of Modification (i.e. academic, financial, operational)