TEXAS EDUCATION AGENCY STATE WAIVERS

APPLICATION FOR EXPEDITED AND GENERAL STATE WAIVERS

General Instructions. For Expedited Waivers, please complete Sections 1, 2, 3, and 4. For General State Waivers, please complete Sections 1, 2, 3, 6, and 7. **Bolded** items in Section 2 and Section 3 must be completed. Please direct questions to the State Waiver Unit at (512) 463-9630 or www.tea.state.tx.us/waivers.

	EASE COMPLETE TH	IS SECTION FOR A		TOWARD SEEDS DESCRIPTION	
District Name: Address:	Keller ISD 350 Keller Parkwa	400		ict No. 220 - 907	
Address.	Keller, TX 76248	4Y	Telephone N	A management of the same of th	
Contact Person			Fax No.	(<u>817</u>) - <u>337</u> - <u>3299</u>	
Contact Ferson	. Janet Swall		Telephone N	lo. (<u>817</u>) - <u>744</u> - <u>1057</u>	
SECTION 2. PLE	EASE COMPLETE TH	IS SECTION FOR A	ALL WAIVERS		_
Superintendent:	James Veitenheime	r	inco minimo.		
130	Typed Name			Classic	
Roard President	t: David Farmer			Signature	
Dodi d T Tesidell	Typed Name				
Date Board Approval:				Signature	
Date Board Ap	provai:		Board Vote	- For _ Against _ Abstain _ Abs	sent
SECTION 3 DIE	EASE COMPLETE TH	IS SECTION FOR	VII WAIVEDO		
Comments of a	annronriate Site Ra	seed Decision M:	LL WAIVERS.	There were no comments made	STREET,
the committee of	n early release or la	to start. There w	aking Committee:	There were no comments made	DV
were located by	ut once explained, th	ne start. There w	ere concerns adou	t where the staff development da	ys
were located, bi	at once explained, ti	iey accepted the	calendar		
SRDM Commit	too Chairnerson Cl	anatura M/	de Wett		
SBDW Commit	tee Chairperson Si	gnature _/// o	We your		_
)		
maximum of thre Please check th	ee days of student in ne years requested:	nstruction. Please □2005-2006	state the number 2006-2007	ve student performance in lieu of of days requested. 3 ⊠2007-2008	
Waiver, pursua: reading/english Essential Knowl	nt to TEC §25.081.	This waiver allow nematics, science, eu of a maximum	s the district to con or social studies s of two days of stud	Social Studies Staff Developme duct additional staff training for trategies aligned with the Texas lent instruction.	nt
	lish Language Arts			nce Social Studies _	
	ne years requested:				
This waiver allo		nd staff to eligible		Waiver, pursuant to TEC §25.08 aff development to improve stude	
	ne years requested:		□2006-2007	□2007-2008	
10000 011001 111	o jouro rogocotou.				
□ Early Release	e Waiver, oursuant	to TEC \$25,082	This waiver allows	s the district to conduct school for	less
				rovide additional training in educa	
				l local communities. Please state	
		ie to meet the nee	tus of students and	nocar communities. Flease state	, uie
number of days		T2005 2006	□2006 2007	M2007 2008	
riease check th	ne years requested:	□2005-2006	□2006-2007	⊠2007-2008	
to modify the so		n TAKS testing da	rys during the curre	25.082. This waiver allows the dent school year to reduce interrup	

waiver allows the district reimpursement				
1 lease check the years request. \(\subseteq 2005-2	2006			
education programs established under Section needing to exceed the 18% limit and to report to subgroup, not making satisfactory progress under one year and the waiver must be renewed in well-bushed to be subgroup.	s, pursuant to TEC 37.008(g). This waiver allows the district to ent to provide basic services for disciplinary alternative 37.008. The school district is required to state the reason for the number of students in each grade level, by demographic der the state's assessment system. This waiver is granted for riting prior to the start of the school year through the Texas quent year, in accordance with TEA policies and deadlines for district's SCE allotment that is being requested to provide basic			
-				
SECTION 6. PLEASE COMPLETE THIS SECTION	FOR GENERAL WAIVERS.			
Please check one:				
☐Course Requirement ☐Disciplinary Alternative Education Campus ☐Foreign Exchange Student ☐Other Specify	☐Pregnancy Related Services Break-In-Service ☐Pregnancy Related Services On-Campus CEHI ☐Study of Electronic Courses			
SECTION 7. COMPLETE THIS SECTION FOI PLEASE USE SEPARATE PAGE.	R ALL WAIVERS OTHER THAN EXPEDITED WAIVERS.			
1 Give a brief parrative description of the re-	augated walks			
 Give a brief narrative description of the requested waiver. Does the district or campus plan reflect the need for this waiver? If yes, what is the specific objective 				
impacted by the waiver?				
	as Administration Code that the district or campus wishes to			
4. Describe the plan to be implemented, if th	e waiver is granted.			
How will granting this waiver help achieve	the district or campus's objective?			
Please explain how the school district or c the district or campus's goal.	ampus will evaluate the impact of the waiver towards meeting			
	the waiver is requested, to a maximum of three years.			

All applications should be mailed or faxed. The fax number is (512) 475-3666.

State Waiver Unit Texas Education Agency 1701 North Congress Avenue Austin, TX 78701-1494 Phone (512) 463-9630