

ADE USE ONLY: Completed
Waiver Request Submission Date:

## **Act 1240 Waiver Extension Request**

District Name:			LEA:				
Superintendent: _		Email:		Phone:			
List the waivers to	o be extended.						
Waiver Topic	Standard(s) for Accreditation	Division Rule(s)	Arkansas Statute(s)	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)

. Explain the benefit of the waiver(s) for students, staff, the district, the community or the State.					

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

3.	Provide a detailed explanation of how students will be served.

4.	Provide a detailed explanation of how the district will evaluate the effectiveness of the waiver.

If the district is requesting an extension of teacher licensure waivers, the district must also provide the following information:
1. The number of positions filled by a teacher employed under the waiver
2. The number of teachers employed under the waiver that have obtained licensure
3. The number of teachers employed under the waiver that are actively engaged in a licensure pathway program
The following documentation must be submitted with the waiver extension request:

1. Evidence of the local school board's approval of the waiver extension request(s)

2. Evidence of support from district staff for the continuation of the waiver(s)

\*\*The Extension Request Form must be received by the Charter School Office (<a href="mailto:ade.charterschools@arkansas.gov">ade.charterschools@arkansas.gov</a>) no later than forty-five (45) days prior to the expiration of the waiver.