



DIVISION OF ELEMENTARY & SECONDARY EDUCATION

ADE USE ONLY
Submission Date _____

Standards for Accreditation 1-Year Waiver Request

District Name: _____ LEA: _____

Superintendent: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____

Waiver Topic: _____ Standard: _____

Rationale for Waiver:

Submitted By: _____ Phone: _____

Superintendent's Signature _____