Texas Education Agency
Request for Maximum Class Size Waiver
Spring Semester (2005-2006 School Year)

District Name: Ector County
Address: P.O. Box 3912
Odessa, Texas 79760

068 - 901
County-District Number

Acceptable
Current District Accountability Rating

This form is also available on-line at www.tea.state.tx.us. Completed forms must be submitted in hard copy to the Texas Education Agency, State Waiver Unit, 1701 North Congress Avenue, Austin, TX 78701-1494 or Fax: 512-475-3666. (This report is authorized under TEC §39.183.)
*** It is not necessary to submit this form unless a waiver is needed.**

			Total Number of District Sections That Exceed 22:1 Class Size Ratio:_____ (This amount should be entered only one time even though additional sheets may be needed for campus information.)						
Campus Name(s)	Campus No.	Campus Accountability Rating	K	1	2	3	4		F=Facilities T=Teachers G=Unanticipated Growth
			Total Sections	Total Sections	Total Sections	Total Sections	Total Sections	Total K-4 Sections	Reason(s)
Blanton	125	Acceptable	2						F
District Totals			2	0	0	0	0	2	

Instructions
Each district is to conduct a class enrollment survey of Kindergarten through Grade Four (K-4) no later than **January 19, 2006**. Based on class enrollment surveys for Grades K-4, enter the campus name and campus number for each campus in which the class size ratio exceeds 22:1. Enter the total number of sections and the reason(s) for the waiver request. Class size limits do not apply to physical education or fine arts classes.

The waiver request must be submitted by **February 17, 2006**, and **must include a current compliance plan** that has been approved by the local board of trustees. The plan must include the name(s) of campus(es), campus rating, grade(s), and number of sections exceeding a 22:1 class size ratio; steps to be taken to bring the district into compliance; timeline for completion; any new efforts/progress toward compliance (if plan was previously submitted); and specific reasons that noncompliance must be addressed. In addition, districts that request a waiver due to an inability to employ teachers must document efforts to recruit and hire staff.

Wendell Sollis
Print Name of Superintendent

Signature of Superintendent

Date

Randy Rives
Print Name of Board President

Signature of Board President

Date of Board Approval

For ___ Against ___ Abstain ___ Absent ___
Board Vote

Wendy Hines
Print Name of Contact Person

(432) 334-7107
Telephone Number

(432) 335- 8984
Fax Number

CDD-105