

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

Ector County Independent School District _____ Acceptable
 District Name _____ County-District Number _____ 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.**

Campus Name(s)	Campus No.	Campus Accountability Rating	Total Number of District Sections That Exceed 22:1 Class Size Ratio:				Reason(s)
			Total Sections	Total Sections	Total Sections	Total Sections	
Blanton Elementary	125	Acceptable	1	2	3	4	F=Facilities T=Teachers G=Unanticipated Growth
District Totals			1			1	G

Instructions

Each district is to conduct a class enrollment survey of Kindergarten through Grade Four (K-4) no later than **September 1, 2005**. 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 **October 3, 2005**, 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 _____ Date _____
 Print Name of Superintendent _____ Signature of Superintendent _____
 Randy Rives _____ Date of Board Approval _____
 Print Name of Board President _____ Signature of Board President _____ For _____ Against _____ Abstain _____ Absent _____
 Wendy Hines _____ (432) 334-7107 _____
 Print Name of Contact Person _____ Telephone Number _____ Fax Number _____