



ADE USE ONLY: Completed
 Waiver Request Submission Date:

Act 1240 Waiver Request

District Name: _____ **LEA:** _____

Superintendent: _____ **Email:** _____ **Phone:** _____

| Waiver Topic | Standard for Accreditation | Division Rules | Arkansas Statutes | Duration Requested | Name of Open Enrollment Charter Holding Waiver |
|--------------|----------------------------|----------------|-------------------|--------------------|--|
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The proposed waiver(s) will apply to the following schools:

| Schools | Grades | Specific Classes (if applicable) |
|---------|--------|----------------------------------|
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1. Provide a detailed rationale explaining how the waivers will enhance student learning opportunities, promote innovation or increase equitable access to effective teachers.

2. Provide a detailed explanation of how the services being waived will be provided for students.

This area is left blank for providing a detailed explanation of how the services being waived will be provided for students.

3. Provide a detailed explanation of how the district will monitor and evaluate the effectiveness of the waiver.



The following documents must be submitted with the waiver request:

- 1. Evidence of the local school board's approval of the waiver request(s)**
- 2. Evidence of stakeholder involvement, including teachers and student families**