



# 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     *Karen Walters*