## Stephenville Independent School District Stephenville, Texas Application for Expedited and General State Waivers

Section 1:	Please complete this s	ection for all waiver	'S.		
District Name: _	Stephenville Independent School District		_ County/District	No. 072903	
Address:	2655 West Overhill Drive		_ Telephone No.	254-968-7990	
City, State, Zip:	Stephenville, Texas 76	5401	_ Fax No.	254-968-5942	
Contact:	Kathy Hampton		_ Telephone No.	254-968-7990	
Email:	kathy.hampton@sville.us				
Section 2: Superintendent:	Please complete this s				
$\Box$ Dr. $\Box$ Mr.	Kelly Magin			<del></del>	
$\sqrt{Mrs}$ . $\square Ms$ .	Name			Signature	
Board President:	Dr. Ann Cala	ahan			
	Name			Signature	
Date Board App	oroval:				
<b>Board Vote:</b>	For	Against	Abstain	Absent	
Section 3: Comments of ap	Please complete this s opropriate Site-Based I		rs. mmittee: There was a co	onsensus of the	
District SBDM C	Committee to apply for the	ne waiver.			
SISD Board Pre	esident Signature:				
Section 4:	_				
Class Size Waiv	er Request-Pre-Kinder	garten-2 classes			
☐ A di	kindergarten - fourth Education Code §25 commissioner and a 2) the 30th day after	n grade that exceed 5.112). A district seapply for the exemple the first school day.		ss size limit (Texas nust notify the later of (1) October 1; or the limit. Note: class size	