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## 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

The proposed waiver(s) will apply to the following schools:

Schools	Grades	Specific Classes (if applicable)

1. What problem or obstacle, if any, will this waiver help the district overcome?

**2. Provide a detailed rationale explaining how the waivers will enhance student learning opportunities, promote innovation or increase equitable access to effective teachers.**

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed rationale as requested in the text above. The box is currently blank.

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

**4. 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**