



2011 - 2012 Request for Maximum Class Size Exception

State Waiver Unit

TEXAS EDUCATION AGENCY

1701 N. Congress Ave. Austin, TX 78701-1494 (512) 463-9630 Fax (512) 475-3666 www.tea.state.tx.us

This form is also available on-line at www.tea.state.tx.us/exception_applications. Completed forms must be submitted via email to waivers@tea.state.tx.us or 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 §25.112.) **It is not necessary to submit this form unless an exception is needed.**

District Name: Aledo ISD	District Address: 1008 Bailey Ranch Road	District City, Zip Code: Aledo, 76008	County/District #: 184907	District Accountability Rating: (E=Exemplary, R=Recognized, A=Acceptable, U=Unacceptable, NR=Not Rated) E <input type="checkbox"/> R <input checked="" type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> NR <input type="checkbox"/>
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Instructions

At the beginning of the school year, each school district in Texas is required to review its class size enrollment to determine whether its class sizes for grades kindergarten (K) through four meet the requirements of TEC §25.112. If the review indicates that any class for grades K-4 exceeds the allowable class size limit of 22 students per class (22:1), the district must submit a request for exception under TEC §25.112(d). Enter the total number of sections and the reason(s) for the exception request. Class size limits do not apply to physical education or fine arts classes.

The exception request must be submitted to TEA (Commissioner) no later than **October 3, 2011** or the **30th day after the first school day the district exceeds the limit.**

Campus Name	Campus No.	Campus Accountability Rating: (E=Exemplary, R=Recognized, A=Acceptable, U=Unacceptable, NR=Not Rated)	Total Sections				Total K-4 Sections	Reason(s): (F=Facilities, T=Teachers, UG=Unanticipated Growth, FH=Financial Hardship, O=Other)
			K	1	2	3		
McCall Elementary	104	E <input type="checkbox"/> R <input checked="" type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> NR <input type="checkbox"/>					4	F <input type="checkbox"/> T <input type="checkbox"/> UG <input type="checkbox"/> FH <input checked="" type="checkbox"/> O <input type="checkbox"/>
Coder Elementary	102	E <input checked="" type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> NR <input type="checkbox"/>		1		2	5	F <input type="checkbox"/> T <input type="checkbox"/> UG <input type="checkbox"/> FH <input checked="" type="checkbox"/> O <input type="checkbox"/>
Stuard Elementary	103	E <input checked="" type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> NR <input type="checkbox"/>		2			2	F <input type="checkbox"/> T <input type="checkbox"/> UG <input type="checkbox"/> FH <input checked="" type="checkbox"/> O <input type="checkbox"/>
VandagriffElementary	101	E <input checked="" type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> NR <input type="checkbox"/>	3				3	F <input type="checkbox"/> T <input type="checkbox"/> UG <input type="checkbox"/> FH <input checked="" type="checkbox"/> O <input type="checkbox"/>
District Totals:			3	3	0	2	6	14

<input type="checkbox"/> Dr. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Print Name of Superintendent: Dan Manning	* Signature of Superintendent: 	
Print Name of Contact Person: Lynn McKinney	Phone: (###) ###-#### (817) 441-8327	Fax: (###) ###-#### (817) 441-5144	E-mail: lmckinney@aledo.k12.tx.us

* The signature of the superintendent reflects an assurance that the Board of Trustees approved the exception request. Copyright © Texas Education Agency. All Rights Reserved.



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