



**ADE USE ONLY:** Completed  
Waiver Request Submission Date:  
8-11-20

## Act 1240 Waiver Request

District Name: Siloam Springs School District LEA: 0406000

Superintendent: Jody Wiggins Email: wigginsj@gosiloam.com Phone: 479-524-3191

Waiver Topic	Standard for Accreditation	Division Rules	Arkansas Statutes	Duration Requested	Name of Open Enrollment Charter Holding Waiver
<b>Educator Licensure</b>	<b>4-D.1</b>	Section 7 of DESE Rules Governing Educator Licensure  Section 7.10 and 7.11 of DESE Rules Governing	§ 6-17-309 § 6-17-401 § 6-17-902 § 6-17-919 § 6-15-1004	1 year	Haas Hall Academy
<b>Class Size and Teaching Load</b>	<b>1-A.5</b>	DESE Rules Governing Class Size and Teaching Load	§ 6-17-812	1 year	Arkansas Connections Academy

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.**

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**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**