## Texas Education Agency Request for Maximum Class Size Waiver Exception

(2009-2010 School Year)

| District Name: | Coppell Independent School District | 057-922 |
|----------------|-------------------------------------|---------|
| Address:       | 200 South Denton Tap Road           |         |
|                | Coppell, Texas 75019                |         |

Recognized Current District Accountability Rating

This form is also available on-line at <u>www.tea.state.tx.us</u>. Completed forms must be submitted 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 §39.183.) **\* It is not necessary to submit this form unless a waiver is needed.** 

|                         |               |                                 | (This amou        |                   | entered only      | ons That Ex<br>one time ev |                   |                       | e Ratio:<br>ets may be needed                           |
|-------------------------|---------------|---------------------------------|-------------------|-------------------|-------------------|----------------------------|-------------------|-----------------------|---|
| Campus Name(s)          | Campus<br>No. | Campus<br>Accountability Rating | к                 | 1                 | 2                 | 3                          | 4                 |                       | F=Facilities<br>T=Teachers<br>G=Unanticipated<br>Growth |
|                         |               |                                 | Total<br>Sections | Total<br>Sections | Total<br>Sections | Total<br>Sections          | Total<br>Sections | Total K-4<br>Sections | Reason(s)   |
| Valley Ranch Elementary | 110           | Exemplary                       |                   |                   |                   |                            | 1                 | 1                     | G   |
|                         |               |                                 |                   |                   |                   |                            |                   |                       |   |
|                         |               |                                 |                   |                   |                   |                            |                   |                       |   |
|                         |               |                                 |                   |                   |                   |                            |                   |                       |   |
|                         |               |                                 |                   |                   |                   |                            |                   |                       |   |
|                         |               |                                 |                   |                   |                   |                            |                   |                       |   |
|                         |               |                                 |                   |                   |                   |                            |                   |                       |   |
| District Totals         |               |                                 |                   |                   |                   |                            | 1                 | 1                     |   |

## Instructions

Each district is to conduct a class enrollment survey of Kindergarten through Grade Four (K-4) no later than **September 11, 2009**. Based on class enrollment surveys for Grades K-4, enter the campus name and campus number for each campus in which the class size ratio exceeds 22:1. Enter the total number of sections and the reason(s) for the waiver request. Class size limits do not apply to physical education or fine arts classes.

The waiver request must be submitted to TEA (Commissioner) no later than October 1, 2009 or 30th day after the first school day the district exceeds the limit, along with this form include a copy of a current compliance plan that has been approved by the local board of trustees. The plan must include the name(s) of campus(es), campus rating, grade(s), and number of sections exceeding a 22:1 class size ratio; steps to be taken to bring the district into compliance; timeline for completion; any new efforts/progress toward compliance (if plan was previously submitted); and specific reasons that noncompliance must be addressed. In addition, districts that request a waiver due to an inability to employ teachers must document efforts to recruit and hire staff.

| Dr. Jeff Turner<br>Print Name of Superintendent | Signature of Superintendent        | Date                         |  |         |
|---|------------------------------------|------------------------------|--|---------|
| Cindy Warner<br>Print Name of Board President   | Signature of Board President       | Date of Board Approval       | For Against Abstain Absent<br>Board Vote | t       |
| Sid Grant Print Name of Contact Person          | (214) 496-6024<br>Telephone Number | (214) 496-6047<br>Fax Number | Email <u>sgrant@coppellisd.com</u>       | CDD-105 |