

2011 - 2012 Request for Maximum Class Size Exception

State Waiver Unit

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

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.) 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

RiverR oad ISD District Name: It is not necessary to submit this form unless an exception is needed 9500 US HWY 287 North District Address Amarillo, TX 79108 District City, Zip Code: 188-902 County/District #: A=Acceptable, U=Unacceptable, (E=Exemplary, R=Recognized, District Accountability Rating: NR=Not Rated)

Instructions

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 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 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 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	Campus Accountability Rating: Campus (E=Exemplary, R=Recognized,	bility Rating: Recognized,		Tot	Total Sections	ons		Total K-4	Reason(s): (F=Facilities, T=Teachers,
Campus Name	No.	A=Acceptable, U=Unacceptable, NR=Not Rated)	Jnacceptable, ated)	~		2	ω	4	Sections	UG=Unanticipated Growth, FH=Financial Hardship, O=Other)
ROlling Hills Elementary	101	□an □n □v ⊠a □a	U NR	4	ω	0	0	0	7	F□ T□ UG⊠ FH□ O
THE STREET AND ADDRESS OF THE STREET			District Totals:	4	سر	0	0	0	7	**************************************
☐ Dr. ⊠ Mr. Print Name of Superintendent:	f Superinte		* Signature of Superintendent:	upagin n	tenden					
Mrs. Ms. Randy Owen			- P		S					
Print Name of Contact Person:		Ng/As	Phone: (###) ###-#### / Fax: (###) ###-####	#-###	Fax	c (###) :	###-###	#	E-mail:	
Gaye Lynn Dampf		((806) 381-7800		(80	(806) 381-1357	1357		gaye.dampf@rrisd.net	@rrisd.net

^{*} The signature of the superintendent reflects an assurance that the Board of Trustees approved the exception request.