



**ADE USE ONLY:** Completed  
Waiver Request Submission Date:  
\_\_\_\_\_

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

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

This area is reserved for providing a detailed explanation of how the services being waived will be provided for students. The content is currently blank.

**3. 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**