Texas Education Agency Request for Maximum Class Size Waiver

Spring Semester (2007-2008 School Year)

District Name:	Denton Independent School District		Acceptable
Address:	1307 N. Locust Street	County-District Number	Current District
	Denton, TX 76201		Accountability Rating

This form is also available on-line at <u>http://www.tea.state.tx.us/taa/comm121207-a1.doc</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.

Total Number of District Sections That Exceed 22:1 Class Size Ratio: 1

(This amount should be entered only one time even though additional sheets may be needed for campus information.)

Campus Name(s)	Campus No.	Campus Accountability Rating	Total Sections (K)	Total Sections (1)	Total Sections (2)	Total Sections (3)	Total Sections (4)	Total K-4 Sections	Reason(s) {F=Facilities T=Teachers G=Unanticipated Growth}
Eugenia Porter Rayzor	115	Recognized			1			1	G
District Totals.									

Instructions

Each district is to conduct a class enrollment survey of Kindergarten through Grade Four (K-4) no later than **January 24, 2008**. 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 by **February 22, 2008**, and **must include 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. Ray Braswell				
Type Name of Superintendent	Signature of Superintendent	Date		
🖾 Dr. 🔲 Mr. 🗌 Mrs. 🗌 Ms.				
Charles Stafford			_ For Against Abstain	_ Absent
Type Name of Board President	Signature of Board President	Date of Board Approval	Board Vote	
Dr. Roger Rutherford	(940) 369-134	(940) 369-4983	Email:	
Type Name of Contact Person	Telephone Number	Fax Number		CDD-105