DISTRICT WAIVER REQUEST FORM

District name _____

Superintendent's Name _____

Superintendent's Phone Number _____

Superintendent's E-mail Address _____

The text boxes for the following three questions will expand to fit text.

Name of Charter School(s) Attended by District Students

Each Law, Rule and/or Standard, with Corresponding Number(s), that the District Wants to Waive

Brief Explanation for Requesting Each Waiver (to enable the State Board of Education to make an informed decision)

When the form is complete, email it with the waiver lists for the charter school(s) that serve district students to Mary Perry at mary.perry@arkansas.gov. Waiver lists can be accessed from the Arkansas Department of Education website at http://www.arkansased.gov/divisions/learning-services/charter-schools/open-enrollment-charter-school-waivers.

Questions should be directed to Mary Perry by email at mary.perry@arkansas.gov or by phone at (501) 683-4800.