ELEMENTARY CLASS SIZE WAIVER REQUEST FORM

	 Variances will be corrected within two weeks of their occurrence. To remedy the variance, you must do one of the following: 						
1.	Place new students such that the variance no longer exists;						
2.	Reassign current students, <u>or</u>						
3.	. Request a wavier. Upon completion of the "Waiver Request Form", please submit copies to Human Resources.						
After formal review of the request, you will receive a copy of the Waiver Request Form indicating whether the waive has been granted or denied.							
	BUILDING	PRIN	CIPAL	DATE			
Please	e complete the following:						
1.	Date variance occurred:						
2.	Affected grades:			-			
ALL AFFECTED GRADE LEVEL TEACHER NAMES			ALL AFFECTED G	GRADE LEVEL TEACHER NAMES			

3. Have new students been placed in smallest classroom at this grade level?							
		YES		NO	Ц		
16							
If no, please	e expiain:						
						······	
4. Student count in affected grade level (includes mainstreamed special education							
students) on:							
Date							
TEACHER N	AME		NUMBER OF STUI	DENTS	TEACHER	NUMBER OF	
					NAME	STUDENTS	
					1		

5. Do you expect additional special level?	Do you expect additional special education students to be added to this grade level?							
YES ☐ If yes, explain how m	ssrooms:	NO 🗆						
6. Narrative (additional comments, it	f necessary)							
Principal Signature:								
*If more ti	KEA AR han one building AR	, all must sign.						
I agree to the request for waiver:								
ALL AFFECTED GRADE LEVEL TEACHERS' SIGN	ATURES	YES	NO					
1. 2.								
3.								
4.								
5.								
6.								
		1						
PRINCIPAL'S SIGNATURE		YES	NO					

REQUEST:	GRANTED	X	DENIED		DATE:			
*If request for waiver is denied, please see options 1 and 2 on the first page for next steps.								
	a Dorsey-Smi		rces		Heather Reid K.E.A President	-		