

Alternate School Calendar Waiver

This waiver allows districts to request approval to operate an alternate school calendar that differs from the standard instructional requirements while remaining compliant with state law. The completed waiver form must be submitted to OSDE by June 30th of the previous fiscal year for consideration.

Oklahoma State Statute

70 O.S. § 3-125 Educational Deregulations Act: Purpose

This waiver is authorized under the Oklahoma Deregulation Act which permits districts to request flexibility from administrative rules when necessary to support local implementation.

Oklahoma Administrative Code

OAC 210:10-1-4

Preparing the Statutory Deregulation

Section 1:

Submit a cover letter on school letterhead with the superintendent's signature with a brief explanation of the request for the waiver.

Section 2:

Complete the waiver form with signatures from the superintendent, board president signature, and notary.

Section 3:

Complete all questions in section 3 and add any supporting documentation.

Section 2:

School Year(s): 20__ - 20__

County: _____

School District: _____

School District Mailing Address: _____

City: _____ Zip Code: _____

School Site Name: _____

Principal(s) Signature(s):

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

Superintendent Name (Print): _____

Superintendent E-mail: _____

Superintendent Signature: _____ Date: _____

I hereby certify that this Alternative Education COOP Waiver application was approved by our local board of education at the meeting on _____.

Board President Signature: _____

Notary Seal: _____

Notary Date: _____

Commission Expiration Date: _____

Section 3:

1. Reason for the waiver request. Please include how your students would benefit from this waiver, what alternative means will have to be employed, and negative effects on your education population if your waiver was to be denied.

2. Was a public hearing held prior to the local board's approval of this calendar waiver request? If yes, please provide the date of the hearing. Indicate how many parents/guardians of enrolled students were surveyed, the method of the survey, and the percentage of respondents who supported the request.

3. Is this waiver being requested due to an identified need as outlined in OAC 210:10-1-4(b)? If so, please describe the specific circumstances prompting the request and include information from your fiscal needs assessment.

4. Have these sites previously been approved for an alternate calendar waiver? If yes, please list the school years in which approval was granted.

OSDE Official Use Only

Date Received: _____

Recommended for Board Approval: _____ Not Recommended for Board Approval: _____

Board Meeting Date: _____

Approved: _____

Denied: _____

Date Sent to District: _____

Notes to District: _____