

WAIVERS
Office of Special Education and Early Intervention Services
P.O. Box 30008
Lansing, Michigan 48909

**ADMINISTRATIVE RULE WAIVER APPLICATION
For Joint Application Use**

Applicant: _____ District Code: _____

Address: _____

Contact Person: _____ Title: _____ Phone: _____

_____ Provide the number of local districts (LDs), public school academies (PSAs), university schools (USs), and/or intermediate school districts (ISDs) participating in this joint application and who have submitted Part IV Assurances.
(Attach a complete list of all participants with name, address, school code, and contact person.)

I. Identify the topic and specific Administrative Rule for which a waiver is being sought under section 1281(3) of the Revised School Code of 1995. *(One rule per application.)*

II. For what length of time is the waiver being sought? *(Not to exceed three years.)*

III. Please provide the following information: *(Attach supporting documents.)*

- (1) Waiver Criteria: Describe how the applicant will address the intent of the rule being waived in a more effective, efficient, or economical manner, or why the waiver is necessary to stimulate improved pupil performance.
- (2) Process: Describe who and explain how interested parties were notified and involved in the application process; e.g., teachers, parents, community, others.
- (3) Accountability: Describe the applicant's plan for addressing issues of local accountability and how it will document that the waiver continues to meet waiver criteria, that it does not compromise equal opportunities for learning, and that it is not detrimental to the educational interests of any pupil.

IV. Assurances

(All LDs, PSAs, USs, and ISDs participating in this joint application must provide the following assurances.)

The information in this application has been reviewed and is true to the best of our knowledge. We assure that the purpose of the waiver as described in this application will be fulfilled, that it meets the criteria of the act, that it does not compromise equal opportunities for learning, and that this plan is not detrimental to the educational interests of pupils.

Lead agency for the joint application:

Board President Signature: _____ **Date:** _____

Superintendent Signature: _____ **Date:** _____

Participant in the joint application:

Name of LD, PSA, US, or ISD: _____

Board President Signature: _____ **Date:** _____

Superintendent Signature: _____ **Date:** _____