

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

**APPLICATION FOR RENEWAL OF PREVIOUSLY-APPROVED
ADMINISTRATIVE RULE WAIVER**

This application form is for renewal of a current waiver only. Applications for new waivers, additions, or modifications to a current waiver must be submitted as a new request (Form OS-4154 or OS-4155).

Applicant District: _____

Contact Person: _____ Telephone: () _____

Currently-approved waiver information

1. Previous waiver number assigned by the Michigan Department of Education: #-_____ - _____
2. Synopsis of waiver as stated in the follow-up approval letter from the Superintendent of Public Instruction:

Renewal waiver information

1. Length of time waiver renewal is being sought (not to exceed three years):
2. *Attach supporting documentation to address the following information:*
 - A. *Process: Describe how interested parties were notified and involved in the renewal application process; e.g., teachers, parents (including parents and teachers of pupils directly affected), community, others.*
 - B. *Accountability: Identify the accountability measure from the currently-approved waiver and describe the impact of the waiver on effectiveness, efficiency, and improved student performance.*
3. Describe the applicant’s plan for addressing issues of local accountability of the waiver being requested for renewal.
4. Assurances (All local districts (LDs), public school academies (PSAs), university schools (USs), and intermediate school districts (ISDs) participating in this 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 the 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 application:
Board President Signature: _____ Date: _____
Superintendent Signature: _____ Date: _____

Participant in the joint application (if applicable):
Name of LD, PSA, US, or ISD: _____
Board President Signature: _____ Date: _____
Superintendent Signature: _____ Date: _____